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EDITORIAL COMMENT

MANY MORE INSTRUCTORS NEEDED!

Early in the summer we made an appeal for instructors and assistants; the need is still acute, in fact it is becoming more acute all the time. No other form of patriotic service is more important at the present time than the training of the new nursing reserves, and unless we have an adequate supply of instructors to do this work, the training schools in the country are going to suffer severely. This is a matter for individual institutions and for organizations to consider seriously. As an aid to solving this difficulty we would suggest:

First, that we bring into active service every nurse who has had successful experience in teaching and that we encourage any who have an aptitude for teaching to prepare as speedily as possible for this work.

Second, in order that these teachers may get in touch with the hospitals where they are needed, that we organize as speedily as possible some central bureau or exchange where their credentials may be kept on file and where hospitals may apply for these and other kinds of assistants. The Council of National Defense has asked that applicants to training schools be referred to them in order that they may be sent where they are most needed. A further step in the same direction would be to let them distribute the available instructors. This is in line with the action recently taken by the Government in supplying labor for war industries.

Third, we should organize evening courses in psychology and teaching principles in connection with local Leagues of Nursing Education and secure instructors from normal schools or university departments of education for this work. The Philadelphia City League has shown what can be done along these lines.

Fourth, where third year students in training schools show promise of good teaching ability, they should be allowed to take part of the preparation for teaching in the last months of their training, counting this work toward their diplomas as any other affiliating course would be counted.

To meet this great need for instructors, Teachers College is admitting this fall to certain selected courses, two or three senior pupils from New York hospitals. These pupils are to live in the hospitals and assist the instructors there for a few hours a week, spending most of their time in study at the college. A limited number of senior students from other hospitals who have good educational standing, and have shown high scholarship during their training who have also completed all the hospital services required for graduation, may be admitted on the same basis. Where pupils are unable to pay their own expenses, an effort should be made to provide scholarship or loan funds to cover part or all of the cost of such a course.

There are various ways in which a student at the College can help defray her expenses, which the College authorities will gladly explain, such as opportunities for coöperative housekeeping, teaching scholarships in connection with several hospitals, etc. As the work of the fall term begins on September 25, any nurses who contemplate taking such courses should make application at once.

PROMOTION OF SOCIAL HYGIENE,—THE NURSE'S SHARE

Lieutenant Beckwith of the Army tells us in this issue of the JOURNAL what the Government is doing to protect and educate its young men in regard to venereal disease and he closes by leaving with the public its share of the problem. Nurses are among the best agents a cause for clean living could have and they should not shirk their responsibility. However and wherever they are employed, they may help in the following ways: first they may enlighten both men and women as to the prevalence and the danger of such diseases; second, they may help rouse public sentiment for a safe community with no segregated or red light districts; third, they may help devise means to care for the women who are driven out of their haunts of vice,—they are still human beings and are in need of physical and moral regeneration with a chance to make a living in a reputable way; fourth, they may help promote the movement for a clearer knowledge of these problems so that no young person, man or woman, shall run into temptation through ignorance and so that both may maintain one standard of morals. Dr. Gorgas, in an address before the American Medical Association, stated that the existence of a dual standard, one law for man and another for woman, was merely the result of years of accepted custom and was not founded on necessity.

THE CAMPAIGN FOR STUDENT NURSES

At what seemed an inconvenient time, July 29 through August 10, the nurses of the country were asked to coöperate with the Council

of National Defense in a campaign for enrolling more students for our training schools. Everyone realizes that this is a war demand and that war does not consult the convenience of those concerned, so as cheerfully as possible, vacations were put off or abandoned and many long hot days were spent in interviewing possible candidates for training. It is too soon to give results, but we believe there will be a substantial increase in applicants. From our own limited experience, the inquirers were largely from two classes, women of leisure, whose education has been so irregular that it is almost impossible to make up the desired "equivalent" in definite hours and subjects; and young working women, tired of the mechanical tasks they are performing, who grasp at nursing as a step to a more interesting life, but whose education does not come up to the required standard of even one year of high school. Both these classes of young people were moved by patriotic motives and though many must be rejected, enough will have been enrolled to make the effort worth while. The fact that many physicians are in the Army and that all high school principals are absent from their homes in summer, has made the securing of certificates a matter of delay. Certainly the need of more applicants for our schools of nursing has been brought home to the public as never before.

WAR PROBLEMS

The JOURNAL, in common with all other business houses, has its war-time difficulties to meet, the latest of which is the zone system of postage. We had known that it was coming and had anticipated that the cost of posting an edition might be doubled but it was a blow to find that the postage on the August JOURNAL was four times the usual amount. Part of this increase was due to the fact that the convention JOURNAL is nearly twice the size of the ordinary one, but most of the increase will be permanent, at least for the period of the war, and it is our task to study the best way of meeting this added expense. Because the JOURNAL belongs to the members of the American Nurses' Association, we like to make them sharers in our problems, especially as we must ask their coöperation in working them out.

There are several courses open to us: to increase the price of the JOURNAL; to charge a zone rate for postage in addition to the present subscription price; or to reduce the size of the magazine. It may be we shall have to resort to all of these plans but we mean to try the last one first.

A two-dollar magazine should contain 64 pages of text, in order to pay its way. The JOURNAL has always contained 80 text pages, and more often than not it has run up to 90 or 100. We are now

going to make a great effort to keep to or below 80, as 64 seems a hopeless goal with all the demands for space which come to us. In order to do this we must ask all writers of articles to be brief and to the point; all department editors to keep within their limits, and all senders of news items to pack their information into the smallest compass, or to allow us to do so. The Army and Navy appointments are current history of great import and cannot be reduced nor omitted, so other things must give way to make room for them.

The August issue of the JOURNAL was delayed in mailing because of the intricacies of the zone system,—we ask the patience of our subscribers for this and their continued interest and coöperation. Very often a word of appreciation is contained in a letter renewing a subscription which cheers us on like the grasp of a friendly hand. We know that now, as always, our readers are with us in our efforts to make the JOURNAL interesting, inspiring, a valuable record of events in the nursing world and a place for the exchange of opinion.

EXAMINATION QUESTIONS

During this war period it will be necessary for the JOURNAL to forego the publication of examination questions as given by the various state boards. They are not as necessary as they once were as a means of study and review for candidates for the degree of registered nurse, as there are now on the market two excellent books on the subject.

THE INDEX

In compliance with a request of the Government as part of its effort to conserve the paper supply, this magazine will publish its index, which usually appears as part of the September issue, on a separate sheet which will be sent, on request only, to all those subscribers who bind their JOURNALS or who wish to have an index for reference. Readers who wish for the index should notify us before October 1st, as only a few hundred copies will be printed, the type being held for one month for possible further orders.

INCLUDING THE JOURNAL IN ASSOCIATION DUES

Another suggestion of the Government which may become mandatory is that no magazine subscription shall be included in association dues. Until this matter is settled, we shall have to hold in abeyance the privilege of subscribing to the JOURNAL for a whole association at the rate of \$1.50 each. That is, we shall have to cease making new arrangements for such subscriptions. Those who have already entered subscriptions in this way will be carried for the present until we can determine what is required of us.

FRAUDULENT AGENTS

Once more word comes to us of an unauthorized agent operating in the name of the JOURNAL, this time in California. Nurses are warned not to trust their subscriptions to unknown persons. There are a few old and tried magazine agencies known all over the country and there are, in each large community, nurses who are authorized to take subscriptions for us, but it is always safe to send subscriptions directly to the JOURNAL office in Rochester.

THE INTERSTATE SECRETARY

This year, more than ever before, organizations wishing a visit from the Interstate Secretary should make their plans in advance and should get in touch with her as early as possible. Not only does this save her time and strength, but the recent advance in railway rates makes it a greatly increased expense to the associations sending for her if she must double on her route. On the other hand, if there are associations where reorganization is not yet completed, or where interest and enthusiasm are at a low ebb, the members cannot afford not to have Miss Eldredge and they should find out soon when she is to be in their vicinity. Her September engagements are for New York State. Where an itinerary is being planned for a whole state, distances should be short enough so that a sleeper need not be taken, as the expense of traveling is thereby increased. She should always be addressed in care of the JOURNAL, 45 South Union Street, Rochester, N. Y.

RANK FOR ARMY NURSES

To make a force of nurses effective it must be organized under those having authority to command them. Privates in the medical corps, called orderlies, but with little professional training, must help the nurses in their duties. Tasks requiring physical strength and no skill must be done by them and the nurses must tell them how and when.

In an army rank counts much in enforcing orders and discipline, and organization is impossible without it. Therefore army-trained nurses should be given rank, non-commissioned and commissioned, as it is given in all other branches of the Army. The fact that nurses are women is no reason for withholding it. It is given in the British army and works well. Why not in ours? There are many uniformed men in the Army with commissions who will never be exposed to as much danger and who are no more necessary in the military establishment.

Why there should be opposition it is hard to say, unless it be the same narrow view held somewhere in the medical corps of the Army which resisted the employment of female trained nurses at all.—William Howard Taft in the *Philadelphia Public Ledger*.

VENEREAL DISEASES¹

BY LIEUTENANT EDMOND R. BECKWITH

*District Director of the Law Enforcement Division of the War
Department*

This subject is a very serious one and I am going to try to give a comprehensive view of it as a whole. Venereal disease is a good term. The Lady Venus was a very beautiful creature but some of her characteristics were, to say the least, adjustable. She has some pathological descendants, but no one is to be blamed that we have just begun to realize the importance of this problem; we have been up against a false modesty—it has no other name—against the fact that the medical profession itself did not take it seriously, and against that perfectly human and entirely commendable thing, the desire to keep the children from such knowledge as long as possible. Therefore our great problem now is fundamental and we suddenly come face to face with what we had said was not to be talked about, did not exist very generally and was not very serious if it did.

Assuming that venereal diseases are no worse than others, they are just as bad to the patient and worse to the community which comes in contact with them as those we have considered as plagues. Typhoid, smallpox and scarlet fever sometimes carry off victims, innocent or otherwise, but these diseases carry off thousands of people in all directions. In considering the following figures, consider whether you would permit a tenth or a hundredth as many cases of typhoid or scarlet fever or smallpox in a community.

Beginning with a town of 18,000 people, where a public free clinic was opened a few weeks ago, there have been seventeen persons examined, all of them offering themselves voluntarily; all were found to be diseased. That is not surprising, because they would not have come otherwise. Out of that seventeen, there were seven syphilitics and ten cases of gonorrhea. In a city of 45,000 people, in the fourth and fifth week of a clinic, opened seven weeks ago, 92 victims were found. That is a community that would not willingly lend itself to any kind of examination; the people fought the legislation that made that clinic possible. Still, 92 people were found, 82 offering themselves voluntarily, and 92 were affected. In a city of 200,000 people, in ten or twelve weeks, 124 people volunteered to be examined, 106 were brought in through the police courts, making a total of 250, and out of that number 158 were infected with one or the other of these

¹ Read at a joint meeting of the three national organizations of nurses, Cleveland, Ohio, May 10, 1918.

diseases, 15 with both. In a city of something over 8000, in five days less than two months, the police court turned over to the health department, 459 people. 2385 volunteered, making a total of 2844. Of that number 2177 were infected; in other words, something over three-fourths. Now a city having 2171 infected cases of venereal diseases, all of which are easily transmissible, and which carry in their train a terrible burden of consequences, you may ask yourselves what kind of public health work we did in the past, and you may understand something of the problem that we are trying to handle now.

Under official sanction I have collected the following points from the New York City Department of Health. There is as much syphilis as tuberculosis in this country today. 5,000 persons die in New York City each year as a result of it and its complications. It has caused from ten to thirty-five per cent of all insanity. It is transmissible to the offspring and causes the death of eighty per cent of those affected. It is the cause of locomotor ataxia, paresis, softening of the brain, apoplectic and paralytic strokes in early life, and is only detected microscopically after it has been in the blood-vessels for several weeks. Gonorrhea is the most prevalent of all diseases except measles. That has been brought out by the army records. Nearly one-third of the serious operations upon women are necessary because of its existence. There are from 6,000 to 10,000 cases of blindness in this country, it is the cause of 80 per cent of the blindness of the newborn, of more than 10 per cent of all blindness. It is the cause of 50 per cent of sterility and many chronic diseases of the bladder and genital organs. In a hospital which does not take cases of venereal disease, during six months of the last calendar year, cases admitted and subsequently diagnosed more carefully, showed thirteen per cent syphilitic history.

The Council of National Defense sent out, about two months ago, a statement that from the great mobilization up to that time there had been 30,000 cases of venereal infection in the army, with the result that there had been the loss of 500,000 individual days of training. The figures would have to be modified to be brought up to date. It would appear from these startling figures that it must be solely a moral problem; that the civil population could not possibly be infected on any such scale as that, and that was the prevailing idea up to the last few years, because people supposed the army to be a bunch of low men with nothing particular to do. When the draft came in, we found that the victim got his infection in the civilian population, because that draft came from a cross-section of our life. It brought the best as well as the worst of it, and when all the cases so badly diseased that they could not be made available for any purpose were

rejected, yet still the national army of drafted men brought out of civil life into the army a venereal rate nearly three times as high as the army had had until then.

Now that is the problem, and if you choose to reduce it to dollars and cents, as I am inclined to do when I am talking to business men, you can see where a good part of the taxpayers' money goes.

When you go into the sociological part of it, the effect on the innocent of a life of inherited suffering and incapacity and congenital insanity and all the other things that come trailing along behind, you have a very depressing picture.

But it is not a depressing picture that I have come to bring. The next proposition is the programme that we have adopted to fight the thing, and I might anticipate by saying that that programme is today a demonstrated success, so it is not a hopeless message, but I do want to emphasize to you the seriousness of it, and the fact that the fight has just begun.

There are four general propositions in the Surgeon General's programme: first, the restriction of opportunity for exposure to vicious society; second, education of the individual, that he and she may abstain from the opportunity, if any such exists; third, medical prophylaxis; and fourth, medical care.

Of the last two I am not going to speak, because you are perfectly familiar with the usual method of hygiene and sanitation and medical care along any line, and it is all the same. The first thing we would have understood is that we must absolutely drive away every opportunity that might be found. Right there, of course, we met a strong and strenuous protest. It always had existed, it always would exist,—a necessary evil. We ran there into the fallacy of segregation, the familiar method of handling the problem of the prostitute in Europe and in this country—the old argument, that the only way to handle it was to put it where you knew where it was, and then all the police had to do was walk down the street and break up the disorder. People advanced the proposition that only in that way could medical inspection and police regulations be enforced. We have had that to contend with in some places still. I have often spent three hours with a police officer and left him unconvinced. But there is this that can be said: that within the last twelve months the venereal rate in the army has been reduced until now, although we have an army larger than we have ever had, the venereal rate in it is lower than it has ever been. And in the same time seventy-five segregated districts have been closed and today there is not one within effective reaching distance of any army camp. Dissipation is to be put out of reach of the soldier, and only normal, decent things occupy their time,

such as are provided by the war camp community service board of women, the playground and recreation associations, the Y. M. C. A., and they affiliate with smaller organization work going on in and outside the camp, in books and libraries, in athletics, in clubs, dances and everything of the kind in the community. Secretary Baker's language was, "To restore the normalities of life." If you stop for a moment and consider the factor of the man from Florida drafted and sent to Illinois, which frequently happens, or a man from Ohio who goes to California, you realize that he is now out of his original home environment, where there are clubs and friends and dances, and is set down with the question of what he is to do when he wants companionship except to go where he can buy it and pay the price.

The constructive or deciding element is summed up in all the detail of the War Camp Commission Board. This is the branch of the War Commission engaged in the training activities, and that Board does a constructive work for the welfare of the men and keeps them in touch with the decent element.

Now the next proposition is educational, and that is where it comes right down to the individual appeal. We have studied their reform, which has its merit, but which we have not time to engage in. We have studied their uplift, which has its merit, but which we do not know about. We have put education as nearly as possible on the practical plan of business efficiency, not theory, but the simple fact, the duty of the man to keep himself as effective, as clean, as capable as is humanly possible, in order that he may do the work that he has been picked out to do. It has a remarkable effect in that the men themselves are proud of the record this organization has made, and they are turning out to be our biggest agents.

When we break up an organized house or special district we drive these people on the street and we meet immediately the objection, "You are sending this forsaken, ungodly lot of people out into the residence district." And we answer, "Yes, quite so. What do you know about the sanitary condition of health of your children's nurse or your barber? What is the condition of your public health? What are your regulations and how far will you go with us to see that the condition is cured?"

We have accomplished one thing. We have put these people where they are easily found. We have destroyed the commercialized position, and we put each one on the basis of an independent operative; she must advertise her business for herself; and then, by continuing the same method, by the most persistent hunting, we keep her moving; she can never establish a definite place of business. That brings up the next proposition, which comes right back to you people and which

we unfortunately cannot touch now. Under the auspices of the Public Health Service and of the State Health Departments and of the City and County Health Departments, we are slowly establishing hospitals and are working out the medical programme, all over the country, for taking care of these people and curing them, particularly in two or three states which have gone so far that there are social service workers who are following right along behind us after these people are discharged from the hospital. They are finding them jobs and such. I think that is a very hopeful side of it from their standpoint, and I think there is a good deal to be said for it, but for ourselves we can only say that our present business is to put our biggest, best, cleanest, and most effective army into the field in the shortest possible time. When we have done that, we can turn the work over to the general public.

Wherever you go, over the entire country, you have the enormous problem of gonorrheal blindness; you have hereditary syphilis with its deformities, with its almost hundred to one chance that the child born with that taint in its blood will never know a healthy minute; or if it has a great physique, it will never have any mental capacity. You have these facts about which there can be no dispute, and you have, on the other side, that strange inclination that has characterized humans as long as we have known history, to leave the child in ignorance. That is the result of the third great obstacle we have met, the inertia of the public, which is due solely to ignorance; and it is there that you can do a wonderful work for this peculiar reason, that you meet the laymen, individual patients, and they are beginning to talk about it. You come in intimate contact with them and if you will perform that service, you must educate them along those two fundamental lines,—that these things are prevalent, that they are highly infectious, that a single lapse from the strict standard of morality may mean infection and years of suffering, that they may be caught innocently, that no matter how they are caught they mean long, long periods of continued care and treatment, and that the consequence to everybody that they meet and to their children is almost past expression. On the other hand, they are curable; there is nothing hopeless about either; there are certain definite, well known rules which should be followed, but if they are followed then success is practically sure. At the present time enlightenment is a public duty, not only from the standpoint of the men in the service now but for many more that will be in it. It comes as a labor problem, because the efficiency of the working force is cut into every day by these things, and upon the broad back of labor, after all, depends the material with which we fight. If you can carry that message you will have

done much for the children of the next generation; you will have done more for the people at home and you will have done most of all for the men who are doing their duty on the other side.

WAR RECIPES FOR INVALID COOKERY

BY ALICE URQUHART FEWELL

Los Gatos, California

Oatmeal Pie Crust (Individual Pies).

$\frac{3}{4}$ cup oatmeal flour, $\frac{1}{4}$ cup boiling water, $\frac{1}{2}$ teaspoon butter (or other fat), $\frac{1}{8}$ teaspoon salt.

Chop fat into the flour with a knife, and add boiling water. Roll thin and bake on bottom side of individual tart tins in a hot oven. The pastry is more easily put on the bottom of the tin than inside and bakes better that way. Just before serving fill these pastry shells with stewed fruit or other simple pie filling. If oatmeal flour cannot be obtained it may be made by putting oatmeal through the finest division of the meat grinder. If pastry is too sticky to roll out add more flour, and use oatmeal flour on the board also. This is a real war pastry containing no wheat and a minimum of fat. It is easily digested and may be eaten by any patient on full diet when ordinary pastry could not be given.

Sponge Cake with Barley Flour.

1 egg, $2\frac{1}{2}$ tablespoons sugar, $\frac{1}{2}$ teaspoon lemon juice, $2\frac{1}{2}$ tablespoons of barley flour, a few grains of salt.

Separate egg, and beat yolk with a fork until thick and lemon colored. Add sugar gradually and continue beating with a Dover egg beater. Add lemon juice and white of egg, beaten stiff and dry, and fold into the mixture. Sift flour before measuring and again after, and cut and fold the flour lightly into the mixture. Add salt with the flour. Bake in buttered muffin tins in a slow oven for about half an hour. When cool remove from tins. This recipe makes four small cakes muffin size, or three cakes if tins are large. The same amount of honey may be substituted for the sugar in this recipe with very good results.

Recipes with Honey.

Honey is coming into use now as a war substitute for sugar in cookery. It is especially adaptable to many uses in invalid cookery. Almost any dessert may be sweetened with honey instead of sugar, and a very delicate flavor is obtained. Honey is mildly laxative, and

is more easily digested than sugar. The honey recipes following will be found to have an excellent flavor and are liked generally by patients.

Honey Rice Pudding.

$\frac{1}{2}$ cup boiled rice, 3 tablespoons strained honey, 6 tablespoons milk, 1 egg, a few grains of salt.

Beat the egg and mix all ingredients together. Bake in greased individual baking dish in a moderate oven until thick and brown on top. The egg may be omitted if a pudding not quite so rich is desired.

Honey and Bran Cookies

$1\frac{1}{2}$ tablespoon butter (or other fat), 4 tablespoons strained honey, 1 egg, $\frac{1}{8}$ teaspoon soda, $\frac{1}{2}$ teaspoon spices, $\frac{1}{4}$ cup flour, $\frac{1}{2}$ cup bran.

Cream fat and honey together. Add unbeaten egg and mix well. Add other ingredients and drop from a teaspoon on buttered pan. Bake in moderate oven. Makes rather a large number of cookies for individual use, but a smaller quantity is not very practical in working out. Both the bran and honey are laxative.

Honey Ice Cream.

1 cup thin cream, 4 tablespoons strained honey.

Mix honey and cream well, and freeze. This amount is for a little individual freezer. It can also be made by putting the mixture in a baking powder tin, and immersing this in a bowl of ice and salt. The top should be on tight and the can turned constantly with a rotary motion until the mixture is frozen. Occasionally open the can and scrape the cream down from the sides and stir while freezing. It will freeze quickly and this is an excellent way to make a small quantity of ice cream when an individual freezer is not available.

Honey Cream.

$\frac{1}{2}$ cup whipping cream, 1 tablespoon honey.

Whip the cream and add the honey. Mix well. Arrange stale lady fingers or sponge cake in the bottom of a glass saucer and pour the cream mixture over it. Serve very cold. This will make two servings.

In working out all the foregoing recipes, level measurements should be made in every case, and a standard measuring cup should also be employed. It is especially necessary to make very accurate measurements when using small individual quantities in order to ensure good results. These recipes are the so-called individual recipes, but most of them will make two servings. It is not very

practical to make recipes with smaller quantities than those stated above.

Soft Corn Bread.

$\frac{1}{4}$ cup white corn meal, 5 tablespoons boiling water, $\frac{1}{4}$ cup milk, $\frac{1}{4}$ cup boiled rice, 1 egg, 1 teaspoon melted butter, $\frac{1}{8}$ teaspoon salt, $\frac{1}{4}$ teaspoon baking powder.

Pour boiling water over corn meal, add other ingredients, separating the egg and adding the stiffly beaten white last. Bake in greased individual baking dish for half an hour in a moderate oven. To be served with butter and eaten with a fork.

Baked Rice with Nuts.

$\frac{1}{2}$ cup boiled rice, 2 tablespoons ground walnuts, 2 tablespoons canned tomato, 2 teaspoons olive oil, $\frac{1}{8}$ teaspoon salt, pepper, paprika.

Mix all together. Bake in greased individual baking dish for twenty minutes in a moderate oven.

Baked Omelet.

Separate an egg. Put the yolk in a saucer, taking care not to break it. Beat the white until stiff and season with salt and pepper. Grease an individual baking dish, and arrange the white in it making a hollow nest in the center. In this center put a small piece of butter, and then carefully slide the yolk from the saucer into the center of the white. Season with pepper, salt and butter, and bake in a hot oven until the white begins to brown and the yolk is set. Serve at once. This is an attractive looking dish, and makes a nice change when it is necessary for a patient to have eggs frequently.

Prune Jelly.

1 teaspoon granulated gelatine, 1 tablespoon cold water, $\frac{1}{2}$ cup prune juice, 1 teaspoon lemon juice, sugar.

Soak gelatine in the cold water. Heat prune juice to boiling point, and pour over gelatine stirring until dissolved. Add lemon juice, and sugar to taste. Mould in a sherbet glass, and put in a cold place until firm. Serve with cream. This is a good way to use up a little prune juice which may be left after stewed prunes are served or after prune whip is made. The amount of sugar in the recipe depends upon the amount of sugar which was used when the prunes were originally cooked.

THE RELATION OF THE NURSE TO THE CONSERVATION PROGRAMME¹

BY EDNA N. WHITE

State Director for Ohio, U. S. Food Administration

It is a great pleasure to speak to this large body of nurses regarding a problem in which I have so long been concerned in arousing their interest. We have been engaged for some time at the State University in an effort to coördinate and correlate home economics and nursing. The district nurses in Columbus come to us for work in food values so that they may teach householders sound principles of food and feeding; and in turn, the public health department gives our students the elements of home nursing. The head of the district nursing association, through our extension division, gives instruction to the women of the state in child welfare. In order that we may offer to the public health field and to the new Federal work of county home demonstration, better trained women, we are developing a new combination course of nursing and home economics to be given for the first time next year. A combination which offers to the student training in the fundamental principles of food, clothing, shelter, and home management, as well as in health and its care, ought to bring into the fields of both nursing and home economics a new view from a group of women with unusual background.

The nurse has such an exceptional opportunity to influence and change the habits of the family with whom she comes in contact that those of us who are interested in home problems are most anxious to enlist her coöperation. It has been unfortunate that in many cases she has had so little opportunity to receive sound teaching in the fundamentals of nutrition. The question of the proper selection of food, especially in relation to its cost, is a most pressing one in these days of high prices and restricted markets. In the pre-war period there were all too many cases of poorly nourished children and inefficient adults due to faulty feeding, but the dangers along this line have been multiplied many times as food shortages and war demands increase. The problem of child welfare is rendered increasingly difficult by war conditions and the nurse must needs meet this situation also. It becomes imperative that the person whose opinion all of us hold in such high regard and whose advice we follow so implicitly, regardless of our status in life, should base her statements on knowledge of real facts.

¹ Read at a joint meeting of the three national organizations of nurses, Cleveland, Ohio, May 10, 1918.

There is probably no subject on which more misinformation is given than that of food. The nurse does not need to deal in technicalities which mean little to her patients. It is the well informed person who puts technicalities in simple terms; the less information one possesses, the more likely one is to discuss learnedly calorific feeding and balanced diets. So long as our charities visitors base their food advice on calorific values, so that their women purchase concentrated foods (cereals, legumes, etc.) without understanding the necessity of equal insistence on the purchase of milk and green vegetables, so long will we have the problem of poorly nourished children and adults. Food purchases cannot be based on fuel values alone without developing social problems that follow in the train of underfed people. The milk situation, as it has developed in this country during the war, is bound up with the problem of the child in a most complex way.

Our war problem is so involved with the food question that failure to handle it will bring disaster. It has been said that the nation with the last bag of wheat will win the war, but it may be said with equal truth that the nation that fails to feed its civilian population adequately will also fail, and a nation that does not conserve its child life vanishes from the earth. With every force at our command we must see to it that our people use our available supplies so that we may have enough for our allies and maintain our own population adequately and efficiently.

There is no group whose word carries such weight as yours. The Food Administration will inform you as to the shortages and readjustments necessary, you in turn can interpret these to your people and instruct them as to their needs and how to satisfy them from available supplies. You can help in developing the right attitude of mind toward the government's requests and their necessity. Help kill insidious rumors designed to undermine the confidence of people in their government, and help to enforce its rulings by reporting flagrant violators who would profit by the country's peril. You must remember and interpret the principle underlying the food rulings, of voluntary coöperation on the part of a democratic people,—a vindication of our belief in the efficiency of a real democracy. Instill in them the wonderful spirit of the French women who have given their all to save democracy.

"America expects every woman to do her duty in the same spirit as she expects each soldier, when the command comes, to go over the top without waiting to see if his neighbor has gone first."

INSECTS AND DISEASES IN THE VIRGIN ISLANDS

BY LOUISE D'ARBY, R.N.

Christianstedt, St. Croix, Virgin Islands, U. S. A.

Since I have made my home in the tropics, the relation of insects to disease has been brought to my notice much more forcibly than when I lived in the States where people and conditions were very clean when compared to native inhabitants and conditions of our newly acquired possessions, the Virgin Islands, which were once the Danish West Indies. Since coming to Christianstedt, I have spent a good deal of my time chasing flies, killing mosquitoes, dodging ants, cockroaches and fleas (they seem to be here in abundance); and I have come to realize what very important things are hygiene and sanitation; I feel more thankful each day for the splendid lectures we had in our training school.

The United States has already begun a system of naval government and an efficient corps of medical men and nurses have begun operations to "clean up" the islands, and teach the people how to live in a hygienic and sanitary manner.

Most of the diseases common to the islands are transmitted by insects, some of them are: malaria, yellow fever, leprosy, dengue, papatacci fever, forms of filaria and typhoid fever.

Elephantiasis (a form of filaria) seems to be the most prevalent among the black inhabitants of the island and it is no uncommon sight to see a black woman (men seem to be afflicted less frequently) perched on a pile of cane tops driving a donkey cart, her legs twice the size of her body. Even along the streets, during a shopping expedition into the town, I have seen as many as six cases of "big feet." Elephantiasis is, of course, not confined to the feet, but may affect other parts of the body.

Leprosy is common also, and even though the cases are supposed to be isolated, I discovered with much interest and disgust that the "asylum" as the natives call it, is within a quarter of a mile of a sugar factory and within one mile of the town. The lepers work in the gardens around the hospital and those who are able bathe in the sea not far from the fishing grounds of many of the native fishermen. This condition is one of the things that will be changed shortly by the government.

Yellow-fever at present is scarce but, like typhoid, comes in epidemics.

I have found it extremely interesting to learn to distinguish insects as specific carriers and since they have been such a pest to me,

perhaps there are others who may be interested in differentiating some of them; I will begin with those I consider the greatest torment of the tropics.

Mosquitoes.—Some insects transmit diseases through a biological process in which pathogenic germs must go through development in the body of the carrier before transmission of infection or, in other words, the insect must itself become infected with a disease before it can transmit the infection to a person or animal. The insect in this case may be called the "host." Mosquitoes come under this class of insects. There are a great many kinds of mosquitoes, but I will not attempt to write of any except those that have to do with the diseases I have mentioned before. The tropical mosquito of Santa Cruz is much like the Crucian inhabitant, one never knows just when it is going to bite or when it bites, but does know when it has bitten. It is the female which is the "biter." She bites and sails serenely away with a body full of blood providing she has not been "scared off" and mosquitoes are persistent cowards. They stick around but not on, and it is very hard to catch them, for one does not feel the bite until after some minutes. I remember while in training how the big, old Jersey mosquitoes used to come over to Blackwell's Island to visit us. They used to let us know they were around!

Anopheline or Malarial Mosquito.—There are several varieties of this family which are malaria transmitters but the principal one is the *Anopheles Mecuipennis*. It is the female mosquito which feeds upon blood, the male living upon fruits and flowers. The male is easily distinguished by his feather-like antennae. The female is of a grayish brown color, her palpi are as long as her proboscis and when she is at rest her body and proboscis form a straight line which is nearly perpendicular to the surface upon which she rests. The female anopheles bites at night and usually hides herself away in dark places such as shrubbery, closets and dark colored clothing during the daytime; in fact, she seems to prefer darkness to daylight (probably because her deeds are evil). The mosquito breeds in large pools, swamps or ditches and is found far from human habitation. The eggs are deposited in raft-like masses about one-fifth of an inch long and there are about one hundred eggs in each raft. The larvae hatch in from two to four days and are full-fledged mosquitoes in ten days.

After a mosquito bites a person infected with malaria, it takes about ten days for the parasite to develop in the body of the mosquito and thus render her capable of transmitting the disease to a human being by injecting some of the incubated parasites of her own body into the blood of man where it goes through another process of development before symptoms of malaria make their appearance.

The malarial district of the world seems to be approximately confined to the area between 60° north, and 40° south.

It is an interesting fact to note that the three species of malarial parasites, i.e., tertian, quartan and aestivo-autumnal, are found in the mosquito the same as in man.

Culicine or Yellow Fever Mosquito, Stegomyia Calopus.—This mosquito, unlike the malaria transmitter, seems to prefer the town rather than rural districts for breeding and chooses the water of gutters, cisterns, cesspools, etc., instead of brooks and streams on which to lay her eggs. This would suggest stagnant water, but culicine eggs can develop quite as readily in fresh running water. She lays her eggs in small groups of about seventy in number. The eggs will live under all sorts of unfavorable conditions such as drying and change of temperature. The larvae hatch out in about two days and in from ten to fourteen days generation is complete.

The insect is very black and has a silvery-white lyre-shaped marking on her back and silvery-white bands around her legs and abdomen. The palpi are shorter than the proboscis and when the mosquito is at rest her body is about parallel to the resting surface. The stegomyia makes no buzzing noise and she bites in the daytime, although her bite is supposed not to be as effective between the hours of midnight and 5 p. m. After she has bitten a person with yellow fever, within a certain number of days from its onset (some authorities say three days), a number of days must elapse before the parasite is sufficiently developed to infect another person. The yellow fever district seems to be confined to tropical zones of the western hemisphere and the west coast of Africa. It may be carried from port to port in ships harboring yellow-fever mosquitoes.

There are some other diseases which may be transmitted by the bite of mosquitoes, one of which is very common here, especially among newcomers. It is called dengue or breakbone fever. This disease was formerly supposed to be transmitted by the *Culex Fatigans*, but some later authorities say the stegomyia. The period of incubation in man is from two to nine days. There is a temperature of 102° to 105° and a rash similar to that of measles, general severe pains over the body and great depression. There is a marked leucopenia. The disease is short-lived however and death rarely occurs. The patient is usually as well as ever in three or four weeks. A great many of our U. S. Marines have suffered with this disease in the tropics.

Another common disease, similar to dengue, is papatacci fever transmitted by a midget moth, a small, very hairy fly with long legs and narrow wings.

Still another disease which can be transmitted by mosquitoes is the dreaded elephantiasis. It has been found that the embryo of filaria has been taken into the body of the mosquito and there developed into a larva which is later injected into man. These larvae reach the lymph channels and circulatory system where they grow and multiply and finally cause an obstruction, thus bringing about dilatations and solid oedemas of certain parts. This resembles lymphangitis and as a result the tissues become hard and tough resembling an elephant's skin.

Leprosy.—As yet little has been accomplished in culturing the bacillus of leprosy. It is supposed to originate by contact with some infected case but there are many views as to the methods of transmission. There have been theories of its transmission by itch-mites, flies, fleas, ants and other insects, but nothing definite has been demonstrated. There are several varieties of the disease. Its progress is so slow that methods of treatment are of very little value, although it is being studied carefully and some results have been obtained by the use of the x-ray and radium. There is quite a number of cases on the island, most of them black people, although there is some mixture of white blood. The moral and race conditions on the island are appalling, as there seems to have been no distinction between black and white blood in the years gone by. It is deplorable to see perfectly white children with negro features and light kinky hair.

Typhoid Fever is about the same as in the States, transmitted through water and food by common carriers.

Flies.—Next to mosquitoes the worst pest on the island is the house fly or *musca domestica*. A single female may lay as many as 129 eggs. The period of hatching is about ten days in our tropical temperature, the eggs hatch into "maggots" which can become full fledged flies in a period of two weeks, so one can imagine the damage one female fly may do! The eggs are deposited in all kinds of decaying matter, vegetable or animal, and disease is transmitted mechanically, either directly or indirectly, by means of food or by contact with abraded surfaces.

With these dreadful diseases and thousands of horrid insects (and I haven't mentioned ants, fleas, cockroaches and spiders), one really doesn't have much time to waste in the tropics where people are supposed to be lazy; in fact, one can be very busy looking after one's self and teaching cleanliness to the natives and then they don't understand!

ECONOMY IN THE WARDS¹

BY EDITH JOHNSON

Ithaca, N. Y.

For the past few years economy has been a subject of much discussion and special interest in all hospitals, for since the beginning of the war all supplies have become very expensive. We, as nurses, should do our part in winning the war by economizing in every way possible in our work in the wards.

The following are some of the ways in which we may economize. Since gauze is \$4.00 a bolt, all pieces from clean cases should be washed, re-sterilized, and used again and again. Cotton is scarce and expensive. We must make pads as small as possible. With waste cotton \$1.50 a roll and absorbent cotton 30 cents a pound, it is greater economy to use waste for large pads and for dressings that have to be changed often. The crinolin which comes in the rolls of adhesive plaster, instead of being destroyed, could be boiled and used for gauze or for wash cloths. When changing a dressing which is bandaged on, if the bandage is rolled, instead of cut off, it may be used three or four times.

Drugs are also expensive and hard to get. In making up solutions of all kinds we must be careful not to waste any. Bichloride tablets are 5 cents apiece, lysol, \$2.00 a gallon, and it is almost impossible to get pure alcohol.

A 60-watt Mazda lamp costs 35 cents; by keeping lights turned off when not in use we save the wear on these, as well as the cost of electricity. It means careful and constant attention to keep lights in linen closets, utility rooms, chart rooms, etc., turned off when not in use.

We must be very careful with linen in the wards. It is not necessary to change sheets, spreads, etc., every day. Certain days should be designated for changing and unless an accident occurs, this will prove satisfactory. Wash cloths should be washed out, instead of being sent to the laundry every day.

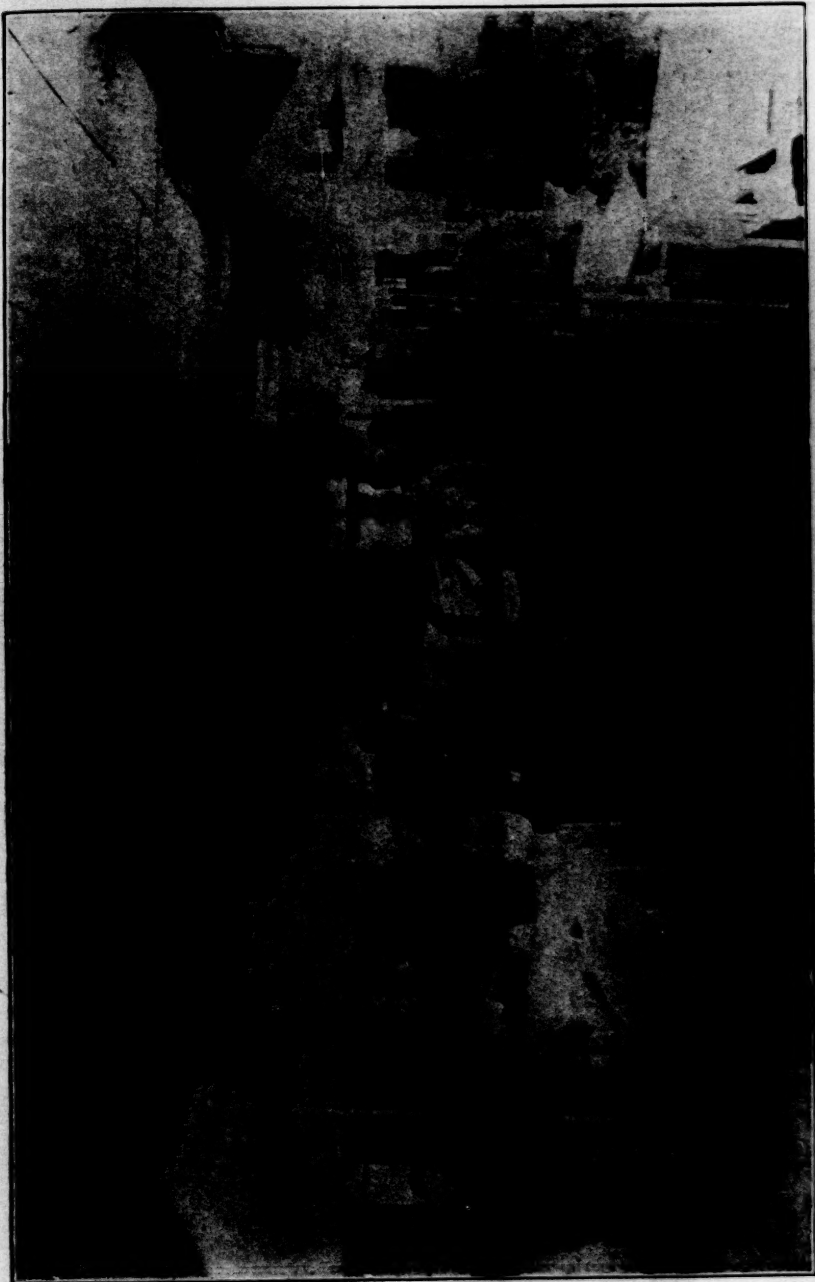
Soap is an absolute necessity. As it is scarce and is becoming more so, we must economize by boiling the small pieces in a little water after they have been shaved. This may be used for cleaning. Very little green soap should be used, as it is expensive.

Rubber goods should be handled carefully. Rubber sheets should be rolled on a stick or roller, not folded, as folding cracks them.

Trays should be served according to what we think the patient will eat. It is much better to have the patient ask for more bread, butter, etc., than to serve too much.

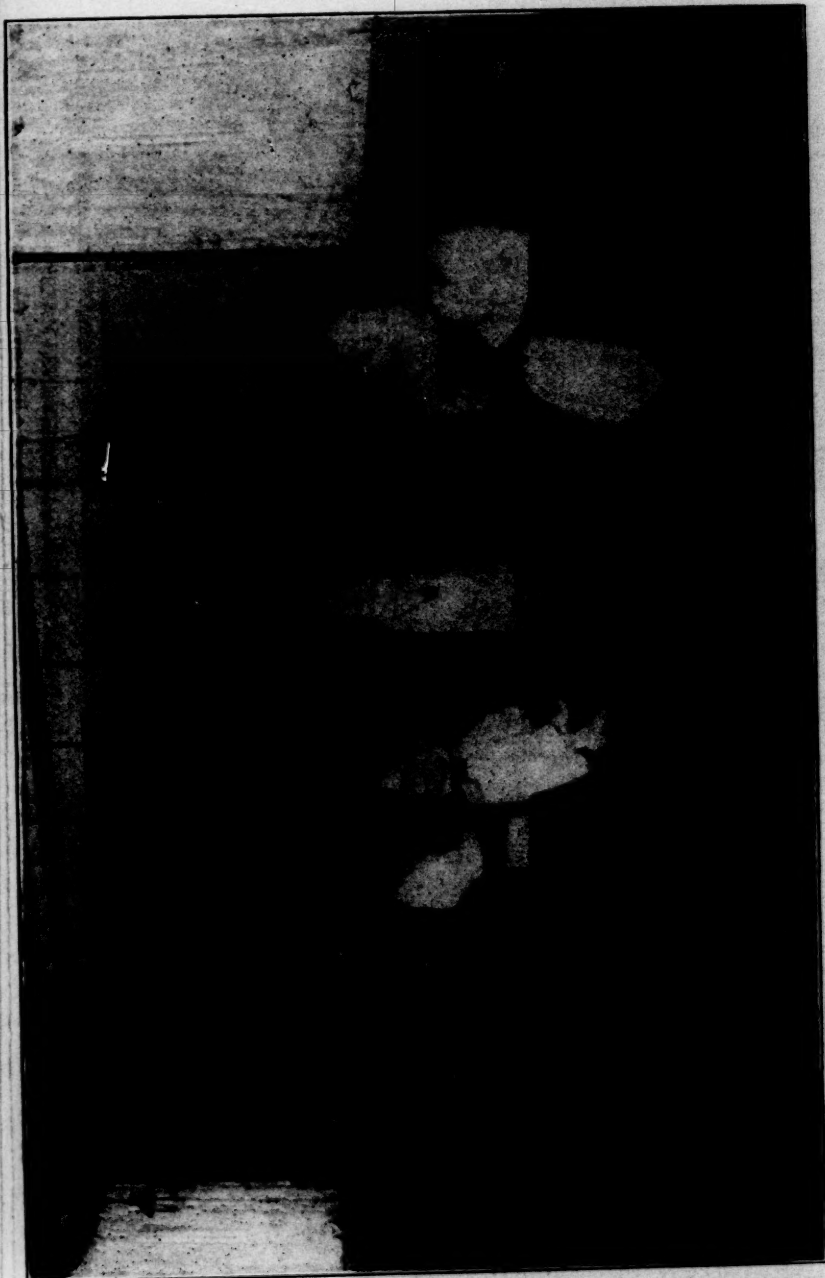
Watchfulness over the little things will help greatly in our work.

¹ Read before the training school of the Ithaca City Hospital, Ithaca, N. Y.



A. L. A. LIBRARY SERVICE—HOSPITAL WARD, CAMP DEVENS, MASS.

Books and magazines are distributed to men who cannot leave their beds. Requests for special books



CAMP JACKSON, S. C.
A. L. A. Station in recreation room at nurses' home. New case has just been built which will be filled with a larger collection of books.

LIBRARY SERVICE IN A BASE HOSPITAL

BY OLA M. WYETH

Hospital Librarian, Camp Wadsworth, South Carolina

Nearly one hundred U. S. Army and Navy hospitals have been equipped with libraries, many of them with trained women librarians in charge. This service has been established for patients, medical officers, nurses and enlisted men, by the American Library Association in coöperation with the medical officers in command of hospitals and the Red Cross.

The first library established was at the base hospital at Camp Wadsworth, S. C. The work of this library is typical. Its beginning was in a corner of the chaplain's office. Though the books in this collection at first were few, they were in constant circulation, for the patients were eager to read.

After about a month in these quarters, the library was moved to the chapel, which is used for services on Sundays. This room is cheerful and bright, with windows on all sides. Book cases line the walls, and two large reading tables with a well filled magazine rack near at hand, provide comfortable reading facilities for the men who are able to leave the wards.

It is the popular idea that the men in camps and hospitals read chiefly for recreation. True, they do crave stories of adventure, especially exciting western stories; but a surprising amount of serious reading and study is done. In this particular library, 1347 books were in circulation in one month, and 448 of these were non-fiction.

In choosing books for a hospital library, many different interests must be considered. Military manuals and books on technical subjects—aviation, engineering, radio-activity, etc.—are in great demand, for the men are constantly studying for examinations; good narratives of the war are needed for those who wish to know more about what their life will be like "over there"; clear analyses of the causes of the war convince the men of the justice of the cause for which they are to fight; books descriptive of France and of the French people, and those helpful in the study of the French language, are needed. Books are on hand to help a man keep abreast of the business or profession he has temporarily given up; and the library must have a general collection of fiction, poetry, drama, biography, philosophy, travel, etc.

Patients who are confined to their beds have their books delivered directly to them. Every afternoon the librarian, and an orderly detailed to assist her, fill a book cart and distribute the books in the wards, visiting each ward once a week. The boys soon learn their day and are disappointed if the little red cart does not appear on time. The cart has shelves and is wheeled up to each bedside so that

the patient makes his own choice of books. Special requests for books not on the cart are noted, and the books desired are delivered later in the day, or, if they are not in the library and are desirable, they are ordered from headquarters in Washington.

The nurses often help the men select books, as they know individual needs. They take care that the nervous patient does not get too exciting a book, and that the men with weak eyes do not read too much. The nurses also help the librarian in her understanding of the men and their needs.

A class organized for teaching English to foreigners and illiterates depends on the library for textbooks. Fifty-seven easy readers in English are in daily use. One of the boys of the medical detachment recently received his citizenship papers. About an hour later an officer was looking for an interpreter and came to see this boy. "Are you an Italian?" he asked. The answer came quickly: "No, sir, I am an American, but I speak Italian." Another answer shows the same spirit. "Why do you not come to the library any more for Italian books?" the librarian asked the hospital shoemaker. "I like very much to read Italian books," he said, and proudly added, "but I am learning to read English."

Books for the officers and nurses are placed in their own quarters for convenient use. These collections supply general reading. When material on a special subject is needed, and is not available, the librarian recommends books for purchase by the Library War Service and borrows additional material from the camp library. The War Department has furnished a small reference collection of medical books and books on nursing which the hospital library supplements with general books and technical magazines.

Many hospital libraries are housed in the comfortable quarters of the Red Cross recreation buildings.

Hospital library service is being extended overseas by the American Library Association in coöperation with the Red Cross. 25,000 specially selected books for hospitals have been sent to France, 5000 to England, in Red Cross tonnage space, and regular monthly shipments to both countries have been instituted. These shipments are in addition to the fifty tons of books per month requested by General Pershing, and authorized by the Government, which have already totalled over half a million volumes.

Library service, which now reaches 41 large camps, over 500 smaller camps, posts and stations, nearly 100 vessels and 96 hospitals, was undertaken in June, 1917, by the American Library Association at the request of the Government. The service is made possible by gifts of books and money by the American people.

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: S. LILLIAN CLAYTON and ANNA C. JAMME

THE VASSAR NURSING-PREPARATORY COURSE: A NEW EXPERIMENT IN NURSING EDUCATION

If we had been told, two or three years ago, that we should see, in 1918, a group of over four hundred college graduates established in the academic halls of one of our most noted colleges for women, preparing themselves to enter the profession of nursing, we should have thought it too wonderful to be true, but here they are on the beautiful Vassar campus, four hundred and thirty in all, gathered together at the call of their country from the four corners of the American continent.

It is interesting to know something of the personnel of this new nursing battalion. In the first place they are graduates of 115 colleges scattered over the length and breadth of the country. Vassar heads the list with 44, Smith comes next with 37, then Wellesley with 27, Holyoke with 20, and Oberlin with 18. After that come the state universities: University of Michigan and Texas each with 15, University of Wisconsin and Louisiana with 11 each, University of Minnesota, University of Cincinnati and Radcliffe with 8 each; the other 103 colleges average about two students each. These women hail from 41 states in the union with six from the neighboring country of Canada. Ohio stands first, having contributed 53 or about twelve per cent of the whole group. Next comes New York, 44; then Massachusetts, 35; Illinois, 28; Michigan, 27; Minnesota, 19; Pennsylvania, 17; Indiana and Iowa each 16; New Jersey, 14; Wisconsin and Colorado each 12; the others ranging from this to one. Taken in sections, the middle west comes in strongest, contributing about half of the total, the eastern states come next, and the far west contributes about ten per cent of the whole. The southern states are pretty well represented with about thirteen per cent.

When the call to the colleges went out, the alumnae from the last ten years' classes were the ones who were asked for. Of the whole group, about one-half are graduates of 1915 or later, the largest group, 99 (23 per cent), being of the 1918 class. Only about 19 come from classes earlier than 1910. The ages range from 19 to 40 years, the mean age being between 24 and 25.

We have been anxious to know from what professions or occupations these young women are drawn. So many college women go

into the teaching professions that we are not surprised to see this occupation heading the list, but it is somewhat astounding to note that over half of the whole group are teachers, two of these being school principals. The next largest group, 106, represents students who have come direct from college. The secretaries, stenographers and business women come next, with 22, the social workers next, with about 17, and then comes a widely varied assortment including 5 newspaper writers and reporters, 2 librarians, a farmer, a ranch housekeeper, a missionary, a superintendent of music, a dramatic worker, 2 workers on advertising and many others. 35 give no previous occupation and it is assumed that they have lived at home or at least have not been engaged as wage earners.

No figures can be given as to the average earning capacity of this group, but it is known that many of them left excellent positions to enter this branch of war service. One former teacher wears a service pin with five stars representing five brothers in the army and navy. Some are young wives whose husbands are in France. Most have come into nursing for the same reasons that college men have gone into the army, as a temporary service for the duration of the war, after which a good proportion expected to return to their former occupations. Already, however, they are beginning to see some of the possibilities in the nursing field apart from the care of sick soldiers and sailors. Most of us who have felt the strong pull of nursing ourselves, and who see the great need for workers in all the many branches of the profession, are confident that when once they get into the thick of the work, it will hold them—they will not want to give it up.

They are a splendid body of women. The members of the faculty who are working with them as well as the superintendents of nurses, physicians and college professors who have visited the classes and seen the students at work, all agree that they are an unusually keen, earnest, hard-working and attractive group of young women. They compare very favorably with professional students in any field, and most of them would be considered a decided asset in any profession. On the day of convocation, Dean Mills said he believed they were the largest group of women graduates of colleges ever gathered together for the purpose of preparing for one special field of professional work and the largest body of college women ever assembled in one place for patriotic service.

One cannot fail to be impressed with their fine spirit. It shows itself in the way they have buckled down to work; in their ready acceptance of the strenuous programme and somewhat restricted personal liberties which have been considered necessary for the

accomplishment of the work; in the cheerful way they rise for setting-up exercises at 5.55 a. m. and the zeal they show in making envelope corners, and wielding the damp dusters. The best thing about it is, that the fine spirit and the good work keep up, and that the girls are, if anything, more happy and enthusiastic at the end of their first six weeks than in the beginning. They realize that the real testing time will come later when they get into the hospitals, and they are very anxious to "make good" there. No doubt there will be some in this group, as in all groups of probationers, who will fall down in the practical work, some who will prove quitters or slackers, and some who will never be able to adapt themselves well to the exacting demands of the hospital. There will probably be foolish ones, and sentimental ones and neurotic ones, but on the whole, most of them give the impression of being the kind of people we like to see coming into nursing—wholesome, intelligent, eager, energetic and full of the spirit of service.

The arrangements for the later training in the hospitals, have worked out on the whole satisfactorily. Since this is more or less of an experiment, it was considered wise to concentrate the students in fair-sized groups in a few hospitals rather than to distribute them in twos and threes over a great many. The schools included on the list which was sent to the students, represented all sections of the country and several types of hospitals. It did not include all the prominent schools in the country by any means, since many could not reduce their three-year course to two years on account of state laws, and others preferred not to make any changes in their system. No general canvas of schools was made because of the desire to try the experiment first with a small group, but whenever a hospital asked to be included and gave assurance of having the proper facilities for training, it was added, unless, as in some cases, the application came too late. Students had absolute freedom of choice in the selection of their schools, except for the fact that the better known schools were quickly filled, and then a second or sometimes a third and fourth choice had to be made. Wherever any student expressed a preference for a hospital not on the list, she was at perfect liberty to enter that school so long as it proved to be of good general standing.

The results show a decided preference for eastern hospitals and particularly for those in New York. The largest groups will go to the big municipal hospitals such as Bellevue and the City Hospital, New York, the Philadelphia General, the Boston City, the Cincinnati General and other well known city institutions. Bellevue takes the largest single group of 60 students, but two or three others have classes of 40, and several have classes of 20 or more. Almost all the

students had arranged for their hospital training before coming to the camp. This was before the Army School was established, so practically all are entering civil hospitals.

The status of these students as they enter the training schools will be the status of probationers to the beginning of their fourth month of training, except that these students will have concentrated more on the theoretical side of their preparatory work and will not have had the practical nursing experience in the wards which most probationers get almost from the beginning. It is assumed that the whole preparatory course in most good schools would be at least four months. With these students, three months of this time will be spent at Vassar and about one month in the hospital. All the usual preparatory subjects will have been covered when the students reach the hospital, including courses in Anatomy and Physiology (60 hours), Bacteriology (48 hours), Chemistry (48 hours), Hygiene and Sanitation (30 hours), Elementary Materia Medica (24 hours), Nutrition and Cooking (60 hours), Elementary Nursing and Hospital Economy (60 hours), and the History of Nursing (10 hours). In addition, all students who have not had Psychology and Social Economy before have courses of 30 hours each in these subjects.

It is expected that the students will go right on the wards and will spend the remaining part of the preparatory period in intensive ward practice, where they will learn to apply the principles which they have acquired, and where they can be tested as are other probationers, as to their fitness for nursing work. They will have to have some practical nursing demonstrations to introduce them to the special methods and regulations of the hospitals to which they go, because no preparatory course outside of the hospital could cover these points. But the general principles and methods of elementary nursing will have been covered, and it is not expected that more than ten or twelve hours of additional instruction will be necessary. They will need careful supervision on the wards, as all beginners do, but it is hoped that they will have some slight advantage because of their three months thorough grounding in the principles, and the fact that they will have few classes and studies at first and will be free to give most of their time and thought to the practical side of the work. We shall want to see just how this plan works out because it would determine somewhat our policies in future courses of a similar type.

It is expected that this group (those who are accepted) will join the class which completed its preparatory course in the spring term, and will proceed at once with the remaining work of the first year. This is necessary in order that they may be able to complete the whole training in the two years. No definite plan can be laid down for the

rest of the course, but it would seem to be best to combine the lectures and classes of the intermediate and senior years in the second year, for all the two-year people. In this way, no extra classes would have to be given and since most schools are trying to push the third year work forward, anyway, in order to release their senior pupils if they should be needed for military service, there would not need to be very much difference in class schedules for the two-year and the three-year pupils.

There is no room in this brief sketch to tell of the splendid organization of the work at the Vassar training camp, the way in which they have been able to adapt their buildings to provide for diet kitchens and nursing laboratories and the many other new needs of this large body of students, the interesting organization of the students themselves into squads and companies under their own selected officers, the social and athletic activities of the camp, the musical programmes and the series of lectures from authorities in nursing, social, medical and public health work, the weekly paper, *The Thermometer*, published by the students themselves in coöperation with the student farmers, and many other details. The main point is that so far as it has gone, the experiment seems to have been eminently successful. The teachers have been just as enthusiastic over it as the students, and everybody seems to agree that it is a thoroughly practical scheme, which might be fitted into the regular programme of college work in many colleges, or might be given in the summer term in colleges like Vassar which do not include vocational courses in their curriculum.

A great deal of interest has been aroused by the experiment throughout the whole country, and many inquiries have been coming in from universities, normal schools and state colleges regarding the organization of similar courses in those institutions. A pamphlet is being prepared which will give the results of our experience here and in other colleges and which will lay down the fundamental principles which seem to be necessary in working out the different types of affiliation with nursing schools. If it can be proven that nursing students who receive the preliminary preparation outside the hospital do as well as those who enter the hospital direct, it is certain that most hospitals would prefer to turn over that part of their educational work to other agencies. This will relieve the hospital of the most expensive and difficult part of its teaching and will make it possible to concentrate more on the part of the training which deals with the whole question of disease and its treatment.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Nursing Sisters Mary Brown, of Vancouver and Mary Lutwick of Dartmouth, Nova Scotia, with three other nurses, have been awarded the military medal for bravery and devotion to duty during German air raids on casualty clearing stations and hospitals. There have been several bombardments of well-known, long established allied hospitals well behind the lines. In one case a brilliant flare was lighted by the enemy to make certain that the bombs should be effectively dropped. Several nurses have been killed.

During a recent march through London of 3000 American troops a veteran English officer looking at them said: "They have the cut of an infernally adequate lot of fighters: I would rather lead them than tackle them." Nearly every man was clean shaven, for young America, even more than young England, has lost the moustache habit. The march was witnessed by great crowds alive with enthusiasm and delight. The King viewed them in front of Buckingham Palace. An English newspaper says, "The transport of American troops across the Atlantic has been quicker than we dared to hope for. Better still, the quality of the officers and men has astounded the most competent judges. Germany will find herself in the last great fight faced by troops equal to the best Europe has ever produced."

Two American army nurses have received the English military medal and a personal letter from General Pershing, Evan Jean Parmales and Beatrice MacDonald of the Presbyterian General Hospital. Each continued to care for the wounded after herself being wounded by a bomb. The conduct of the nurses in the hospitals that have been bombed has been beyond praise. They went about attending to the patients during the raids, cheering and encouraging them, without the slightest regard for their own safety.

When the hospital ship *Landoverly Castle* was torpedoed by the Germans off the coast of Ireland, twelve nurses were lost. The ship was returning to England after conveying a load of wounded to Canada; 234 persons perished. The Huns shelled the wreckage and the boat containing the nurses was drawn down in the whirlpool when the steamer sank. One boat with a few survivors escaped. The Huns did not succeed in "sinking without a trace."

Belleau Wood has been officially named "Wood of the Americans" by the French. It is where the Americans helped to check the

Germans in one of their rushes for Paris. Louis Barthon, former President of the Council, in announcing the change of name said, "The Americans are brothers of our soldiers, who love them."

In an attack on the Vaux positions, the Americans swept right through the enemy lines and could have continued going forward with the greatest ease, as virtually everything before them had been cleared. So great was the enthusiasm that the officers had difficulty in keeping them from going beyond the set objectives.

King Albert and Queen Elizabeth of Belgium went to England in an airplane to be present at the celebration of the silver wedding anniversary of the King and Queen of England and returned safely in the same way. At a concert in London the royal couple stood in the front of the royal box, the King in khaki, the Queen in white, while the Belgians present sang their national anthem, shouted and wept. There were several thousand present and the scene was one of delirious enthusiasm.

The supposedly magnificent gold cup given by the Kaiser as a yachting prize to an American yachtsman in 1905, when it was sent to the melting pot for the benefit of the Red Cross, turned out to be of pewter-gilt.

At the medical military meeting, held during the session of the American Medical Association in Chicago, Colonel Herbert Bruce, a Canadian, said, "I cannot speak sufficiently highly of the magnificent work which American doctors and American nurses are doing. Before leaving France, Lieutenant-General Sir Arthur Sloggett, the Director General of the British Medical Service, sent for me and asked me to tell the American people how much he appreciated the wonderful service which the American doctors and nurses had rendered to the British sick and wounded. He said their work had been beyond all praise. He had been anxious to give recognition to the gallantry and heroism of the American medical officers and nurses serving at the front and had recommended them for honors, but a regulation of the American Government prevented their being accepted. Nothing that we can do is too good for the American doctors and nurses serving with us."

It is stated that Austrian Red Cross nurses attached to the hospital at Kirchendorff have informed the Austrian military authorities that the hospital will be closed unless the nurses are given adequate food. The nurses, it is added, have been obliged to steal the rations intended for their patients in order to live. Some of them were caught and imprisoned for their thefts. The military authorities have promised relief.

THE RED CROSS

IN CHARGE OF

JANE A. DELANO, R.N.

Chairman of the National Committee of the Red Cross Nursing Service

THE SURGEON GENERAL CALLS FOR 1000 NURSES A WEEK

We reported in the August JOURNAL an average enrollment, through the Red Cross Department of Nursing, of 1000 nurses monthly. Now in view of recent activities in France, the call has come to enroll for army service 1000 nurses a week, for a period of eight weeks. This call from the Surgeon General's office is to keep pace with the increasing needs of our military force and maintain the proper proportion between the Nurse Corps and the Army. From August 1st to August 12th the papers of 900 nurses went to the office of the Surgeon General. It seems a large number, but it is not 1000 a week.

The returns of the enrollment campaign are now coming in. The total allotment of nurses to be secured in the United States was 27,000, and approximately half of this number were assigned to duty by August 1 of this year, leaving something over 13,000 to be secured between now and January 1, 1919. Many of the Divisions have already enrolled more than half their allotment and in the majority of the Divisions there would have been no difficulty in securing the required number in the time given.

It has been difficult to convince the nurses of the country that there was an overwhelming need for them when it was generally known that large groups of nurses were mobilized in New York awaiting their sailings to France. When we realize that our troops have been sent to France at the rate of 300,000 a month, the difficulty in securing transportation for nurses becomes evident. Another explanation is that in many cases the male personnel was sent on transports and ships where it was difficult to secure suitable accommodations for nurses, but it was important to have them mobilized and available whenever transportation facilities could be secured. It is expected that from now on, transportation will be secured for large numbers of nurses with an increasing possibility of service abroad.

The vast increase in the size of the army, the successful transfer of nearly a million and a half men overseas, and the activity of that army at the Front make it of vital importance to send, with all possible haste, the quota of nurses needed to care for the sick and wounded on the other side. That there is a shortage of nurses in France in some of the military hospitals is clearly shown by the letters now being received at Red Cross Headquarters, and we feel sure that when this fact is brought home to the nurses of the country they will not fail to respond.

If there were only three thousand training schools in this country, and in all probability there are more, and each training school were to give three nurses from its present graduating class within the next two weeks, nine thousand nurses would be available.

The following list of allotments, assignment, number still due, and percentages will be interesting to the JOURNAL readers and may help to stimulate interest in those Divisions falling behind in their quotas:

ASSIGNMENTS

Divisions.	First Allotment.	Assignments to August 1.	Allotment Still Due.	Percentage Obtained.
Central	3940	2311	1629	58%
Atlantic	5708	2600	3108	45%
Gulf	864	324	540	37%
✓ Lake	2748	1205	1543	43%
Mountain	264	221	43	83%
New England	3318	1360	1958	41%
Northern	1165	598	567	50%
Northwestern	641	386	255	60%
Pacific	1036	899	187	87%
Pennsylvania	2154	1302	852	60%
Potomac	1366	764	602	56%
Southern	1371	382	989	28%
Southwestern	2425	995	1430	41%

RECENT APPOINTMENTS.—Mary S. Gardner, director of the Bureau of Public Health Nursing of the American Red Cross, has been temporarily relieved from her duties at headquarters to take charge of a special group of sixteen nurses to be sent to Italy for public health and tuberculosis work in that country. She will sail early in September to join the Red Cross Commission already there and will be absent about eight months. During her absence, Miss Gardner's place will be filled by Ella Phillips Crandall, executive secretary of the National Organization for Public Health Nursing. We are greatly indebted to that organization for releasing Miss Crandall for that position at this time. It is planned to organize this work by dividing Italy into fourteen sections, each presided over by one nurse of this group. They will instruct and organize the lay women and trained nurses of Italy in this important phase of community welfare, and will carry on a public health campaign in all parts of that country.

With the development of the American Red Cross Hospitals in England and the assignment to duty there of a large number of nurses, it has been necessary to make some changes in the original assignments. Among them is the release of Carrie M. Hall, of Boston,

who sailed for France May 6, 1917, as the chief nurse of the Peter Bent Brigham Base Hospital Unit No. 5. She is now in England as chief nurse and representative of this department of the Red Cross in that country.

RED CROSS NOTES

By CLARA D. NOYES, R.N.

PASSPORT RULING RESCINDED

The ruling prohibiting the granting of passports to nurses and lay-workers who had near relatives in the United States Army has been modified by order of the Chief of Staff General Peyton C. March. In the future, assignment to France directly under the Red Cross will be permitted to women who have brothers in the service. One clause of this ruling states that if a nurse marries an officer or soldier in the A. E. F. after her arrival, she will automatically be sent back to the United States by the organization in which she is serving. The organization sending women personnel to France is made responsible for returning individuals to America in case of violation of the rules.

Increase in Allowance.—Nurses throughout the country will be deeply interested in the passage of the bill which allows an increase of \$10.00 over the basic pay of members of the Army Nurse Corps. For example, nurses in the future will receive \$60.00 for service in the United States and \$70.00 for overseas duty. The bill did not become effective in the form in which it was presented. The Chief Nurses did not receive the desired increase, but we understand that steps are being taken to correct this condition through an amendment which has been presented. The terms of this, however, we are not in a position to state.

We understand that the War Department is about to issue a regulation making the use of the out-door uniform compulsory upon the completion of three months' service for all nurses assigned to duty in this country. If this regulation becomes effective, the Red Cross, in all probability, will no longer supply the nurses after mobilization in New York with out-door uniforms. They will, however, continue to give the extraordinary equipment which is required for overseas duty. The plans are not sufficiently perfected to give in detail now, but it is hoped to have them ready for publication next month.

Hospitals under the Federal Public Health Service.—The Surgeon General of the Federal Public Health Service has recently requested the Red Cross to assume the responsibility of supplying nurses for the hospitals under the auspices of this department, such as the Marine

Hospitals, the hospital at Nitro, West Virginia, which has been established to care for the munition workers of that place, and other special hospitals that are constantly developing under this service. He has signified his willingness to utilize for the service nurses who may be slightly below the physical requirements for the Army or Navy or who may be slightly above the maximum age limit, or who may be married and whose husbands are in the service. This decision of the Surgeon General will make it possible to assign large numbers of nurses who have not qualified for the Army and Navy. Nurses accepting this assignment are rendering a definite patriotic service to our country at this time. The Marine hospitals are caring for large numbers of soldiers for the Bureau of the War Risk Insurance. The hospital at Nitro is caring for men and women who are working in the munition plant at this point. Inasmuch as this is the case, we trust that the nurses will accept the service with the same spirit of devotion as they have that under the Army and Navy. We have already assigned to the hospital at Nitro thirty-two nurses, to the Marine hospitals, nine, and the Pellagra hospitals, two. Nurses wear the regulation white uniform, as prescribed in circular A. R. C. No. 702 and are issued the Red Cross caps. In order that the service may be stable and efficient, the assignment is for not less than six months. An effort is being made to enroll all nurses who are already on duty at the Marine Hospitals in order to standardize the service.

The Rumanian Unit.—The unit of eleven nurses sent to Rumania last August reached England on its return journey, during the month of May. The majority of the nurses remained in England and France to continue work under the auspices of the Red Cross. The German government ordered all foreigners to leave Rumania and there was no course for the Commission to follow except compliance.

The Italian Unit.—A unit under the direction of Katherine C. deLong, who had been for a number of years the nurse in charge of the residence at the Bellevue Hospital for Nurses, consisting of the following personnel was sent to Italy during the spring and early summer. The majority of these nurses speak Italian. The purpose of this unit is to open a teaching center in Milan where the Italian women may come for classes of all kinds, and to render such social and public health service as may develop under the auspices of the Commission: Katherine C. deLong (Chief Nurse), Loretta Cavanaugh, Rose Gondolfo, Mrs. Charlotte Heilman, Elsie MacDonald, Anna Scanlon, Valerie Rittenhouse, Agnes G. Von Kurowsky, Della DeGraw, Ruth Brooks, Mabel Fletcher, Florence C. Hill, Anne Larkin, Veta B. Markley, Caroline Sparrow, May Warner. Sara E. Shaw is in charge of all nurses in Italy.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

A DANISH NURSING LEADER HONORED

Back of the glare and flames of war, the upbuilding and protection of society still rest in many trustworthy hands, and it is refreshing to hear from Denmark of the honors and appreciation recently shown to the president of the Danish Council of Nurses, Mrs. Henny Tscherning, who is also, it must be remembered, the president of the International Council of Nurses and who was to have presided at its meeting in this country, had not our plans been overthrown by the great cataclysm.

At the beginning of this year, Mrs. Tscherning's fortieth year as a leader in nursing was celebrated, and on that occasion she was decorated by the King of Denmark with the golden Medal of Merit, in recognition of her professional and educational work of years. Miss Jessen, secretary of the Danish Council, has been kind enough to send us the following account from the *Nurses' Journal*.

It is now forty years since Mrs. Tscherning took her first steps along the way she, more than anyone else among us, has striven to open to the thousands of young women who have since then followed her example. When Mrs. Tscherning, then Miss Schultz, began her work in 1878, as probationer in the second ward of the Municipal Hospital, Copenhagen, nursing both in state and municipal hospitals was at a very low level, being as it was, left to women from quite uncultured homes. Her work which was in itself most exhausting, was made yet more arduous by the suspicious attitude of the wards-women, the patients and many physicians. She and a few other cultured young probationers were considered hard-hearted by the patients, because they insisted that the doctors' orders must be strictly obeyed, which was contrary to the habits of the old staff.

There were, however, some few doctors, such as Professor Fenger, who was Mayor and Director of the Hospitals, who understood how greatly a reform of the nursing method was needed, partly on account of the proper nursing of the patients, and still more so as antiseptic treatment was going to be adopted. After having worked for some months as a probationer of the second ward, Miss Schultz was appointed ward-woman of the surgical ward, where she shortly after was promoted as head nurse, a position that she held for seven years, working for the education of the first properly trained nurses in Denmark. Her work at the hospital came to a close, but her warm interest in the cause of nursing was not cooled, and when she was offered the position of president of the newly founded Danish Council of Nurses, she did not hesitate to accept it. The work which Mrs. Tscherning in these last eighteen years has performed in that office has been of so comprehensive and often so difficult a nature that no one person would have been able to perform it without a harmonious blending of energy and capability. The never-failing energy and burning interest of Mrs. Tscherning in the cause of nursing is known by all who have had an opportunity of

observing her activity, but only the relatively few who have in the course of years been closely connected with her in her daily work know her warm interest in the welfare of each of the members of the Danish Council of Nurses. Mrs. Tscherning never shuns exertion nor trouble if she may thereby help a single member, and many are the steps she has taken and the hours she has spent in order to obtain a benefit for one of these whom she considers it her duty as President and a personal joy to assist and to guide.

The results of her work are so commonly acknowledged that we shall only call attention to a few points where her work has reached special results. First of all, Mrs. Tscherning has successfully worked for a thoroughly satisfactory training of nurses through three years' work in hospitals and similar institutions. The importance of this reform has been acknowledged by the State by its granting to the Danish Council of Nurses an annual sum of money which is used to procure a supplementary training of those nurses who have not obtained the full training of three years. This has benefited not only the hospitals but, through the private nurses, also the homes all over the country. As President of the Danish Council of Nurses, which now counts about 3000 properly trained nurses, Mrs. Tscherning has been working to elevate and support the profession of nurses and to give them better conditions. It is due to Mrs. Tscherning's initiative that a Sick Club of nurses, now recognized by the State, was established in 1901, a Convalescent Home, "Dansk Sygeplejersaads Rekreatiohshjem for Sygeplejersker," in 1904, and a Relief and Old Age Savings Bank for Nurses in 1912.

The forty years' jubilee was celebrated by a very fine festival at the Palace Hotel; the Committee having invited Mrs. Tscherning and her nearest relatives. A great many nurses from Copenhagen and provincial hospitals were present. The speech in honor of Mrs. Tscherning was made by Miss Munck, Bispebjerg Hospital, who said in part: "It is always difficult to be a pioneer for a good cause, but to fight for a good and useful development of nursing methods and at the same time for improved circumstances for the nurses is almost impossible. The first task puts many claims to the sacrifice and renunciation of self, the last one claims self assertion and a certain declaration of one's own right. Mrs. Tscherning has known how to do both, and thanks are due to her because she always maintained the first as the essential point that was never to be eclipsed by the struggle for better circumstances. She has, indeed, not always been thanked for this. If I were to point out some of the characteristics of Mrs. Tscherning's work throughout the years, I should name faculties as initiative, indefatigableness and perseverance. Mrs. Tscherning's initiative and richness of ideas often made me marvel,—there was always new land to gain, dangers to avoid, reforms which were absolutely necessary. The indefatigableness proved itself most clearly at our committee meetings when, after three or four hours' discussion we were exhausted and dull, Mrs. Tscherning would lift her voice and say: 'You cannot go now, we have a most important affair to discuss,' and then she would lay it out to us, full of interest and eagerness. * * * And the perseverance has been needed, mostly perhaps during the first years, but certainly also up to our days. No doubt many of the causes she carried on would not have met with success, if it had not been for the perseverance with which she suffered objection and misjudgment, steadily driving on, unshaken in her conviction that the cause was good in itself and worth the fighting. * * * The Danish Council of Nurses was fortunate in having a President who was willing to walk the thorny paths that she has trodden, and we are happy this evening in being able to honor her as the one who made our cause progress. The golden medal on

her breast, the great number of people who have wanted to gather round her, and the many who have thought of her and sent her signs of their respect and gratitude are proofs that her work has not been in vain, but has reached fine results and appreciation. I will quote some words spoken by our much admired Florence Nightingale: 'What greater reward can a good worker desire than that the next generation should forget him, regarding as an absolute truism that which his own generation called a visionary's fanaticism?'

"May God grant you unbroken strength for many years to come, and may you reap the reward that all your best and truest wishes for nursing and the nurses may come true in the life and work of coming generations."

THE FLORENCE NIGHTINGALE SCHOOL IN BORDEAUX

Dr. Hamilton has been justly recognized and rewarded for her labors by having a cordial consent given her by Mr. Shore Nightingale, Miss Nightingale's executor, to possess and claim for her nursing school the name of Florence Nightingale. Dr. Hamilton will now file a declaration in the official French quarter dealing with such questions, requesting the legal recognition of her right to claim the monopoly of this name. The war is, of course, greatly enhancing the prestige of nursing in France, but one result of this is the growth of amateur work, usually with most inadequate standards. For instance, a certain "nursing school" named for Edith Cavell gives courses from fifteen days to three months long.

Dr. Hamilton has written us accounts of the recent commencement at her school, part of which has not yet arrived, but the mail brought the final pages in which we learn that Dr. Richard Cabot sat as one of the examiners. For him a baby's bath was prepared and the baby's toilet made. He was much amused at having about fifteen samples of herbs used for teas (tisanes) explained by the nurses with their names and uses. Sara E. Parsons was also there to see the practical demonstrations given by the pupils. The school is to extend its course to three years very shortly, and when the staff who entered under the former contract have finished, the three years' course will be the regulation. Dr. Hamilton is a white burning flame of high idealism and we hope some of the Americans who see her work will help to get her new hospital buildings.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

PHYSICAL EXAMINATIONS FOR NURSES IN PUBLIC HEALTH WORK

BY JESSIE L. BEARD

*Supervisor Children's Aid and Society for the Prevention of Cruelty to
Children, Buffalo, N. Y.*

Civil Service demands a certain degree of physical fitness determined by medical examination of applicants. The same is true of most of our large industrial organizations; in fact, in Ohio, where the Industrial Welfare Commission has done some excellent pioneer work medical inspection has become well nigh mandatory. College and other gymnasiums insist upon a doctor's certificate of fitness before permitting the student to join the classes. During the past five years some of the leading organizations in social work discovered that too many of their workers were succumbing to tuberculosis or some form of nervous or circulatory disorder, hence some of them, like the New York Charity Organization Society, insist that all of its staff be physically fit according to a reputable physician's statement, and its training school, the New York School of Philanthropy, demands the same from all its first year students. Before an insurance company will write a policy, there must be a rigid medical examination. It has also become the policy of all our best companies to insist upon recurrent examinations every year or two to detect disease in its early stages. The rating of the company's doctors is dependent to quite an extent upon the mortality and causes of death of those whose applications they have approved. When an applicant is rejected, he is usually informed of the reason for this rejection and is given medical advice to cure or alleviate the condition. It is generally known, I assume, that nurses who wish to go into active service with the Red Cross, the Army or Navy must have a clean bill of health. Many who are being rejected now could probably have qualified had they received a thorough examination a few years earlier. This numerous class in patriotic service added to those under civil service form a large body of public health nurses who have had to have physical examinations upon undertaking the work. Most industrial nurses whose work is of a quasi-public character must submit to similar rulings.

The foregoing merely indicates how widespread are physical examinations. Why would it not be advantageous for nurses, especially those in public health work and in institutions, to be placed

under similar orders? Broadly speaking the subject is to be treated under four general heads, the obligation of the nurse to herself, to her patients, to the public at large and to the future of her profession.

The element of self-interest although the least altruistic, is a potent one. For various reasons the professional lives of too many nurses have been ten years or less. This is not including those who left the profession to marry or to advance themselves materially in one way or another, but we all know many who have been discarded to the nursing scrap heap, there to become companions to invalids, child's nurses or even housekeepers or waitresses. Of course there are always those not fitted physically or temperamentally and the hospital is remiss in allowing such to be accepted for training, but many finish the three years tired, and nurse continuously for the first few years after graduation until they have impaired their health permanently. Without doubt many of these could be kept in the active field if they but took stock occasionally of their own health. We all know that a task is doubly hard when we feel but half well and the consequent drain on our reserve strength is much greater. The dividing line between that which causes permanent or only temporary harm is very slight. The stimulating excitement of a hard case, shortage of help in the hospital causing overtime work, or a local epidemic with a small district nursing staff will often cause a nurse to go over that line. Very often that "tired feeling" is symptomatic of disease and is not due to fatigue from overwork. Because we are ambitious or over-industrious, we may not recognize nature's timely warning. When we are not physically up to par, we are most susceptible to infection and exposure is a necessary evil in our daily work. Besides, there are those insidious diseases which are detected only on physical examination.

The nurse who is half well gets less enjoyment from life and her work. She spends her money on tonics, takes rests whenever she can and does not lead so normal a life as her healthy sister. Health is always a great accelerator to happiness. Health plus ambition leads the way to the positions commanding higher prestige and greater financial return. A doctor may decide that a nurse is physically unfitted to continue in her work and she may then enter a collateral or entirely different activity in which success may lie. Thus the disability which made her unfit in one place may open a new field full of interest and promise. We are seeing this demonstrated along another line where war cripples have been unable to return to their old trades, but have been trained into work better suited to their natures and at times even more remunerative.

It is not right that the sick should have any but strong, healthy

influences about them. The constant example of red cheeks, bright eyes and radiant health has the undeniable psychological effect of helping to cure the patient if the malady is curable. A half-sick nurse will often tell her symptoms, through a mistaken feeling of sympathy, with a consequent depressing effect. I have known some cases where patients have demanded as little service as possible from the nurse who appeared sick, thus possibly delaying their own recovery a few days. As a general thing, nature tries to conserve our strength when we are not well, and we do not work so efficiently, either in the quantity or quality of product. From this rule, a healthy nurse should be expected to cover more work and do it better than one not healthy, other things being equal. Is it right to those concerned that anybody who is not physically fit should carry the responsibility of the lives and health of others? There is still another aspect to this question which concerns the public at large as well as the immediate patient. We hear much nowadays about disease carriers, especially those with tuberculosis, typhoid, diphtheria and tonsillitis. It certainly is not right to allow anyone to care for the sick with depleted systems when we do not know but that they are exposing them to another disease. Nursemaids have been known to infect children with tuberculosis; and cooks, families with typhoid; so why should not the trained nurse carry disease, especially when she is exposed to it all the time?

The sane mind in the sound body might be strengthened into the forward-looking mind, it is the strong and healthy who do the world's work. They are the positivists, preaching health and the prevention of disease, while the others seek to alleviate and are often overwhelmed by the vast problems of sickness. They are the ones who can engineer public health work by the sheer force of their health, strength and enthusiasm. Each nurse must face the fact that the public looks upon her as an exponent of health in all its aspects and if she is physically below par, the impression is that she does not know her work. We know that a doctor's skill is often measured by the appearance of his children. Recently, health insurance surveys have shown the great economic loss in morbidity. Now that we are trying to conserve in every way and serve our country all the time, it is unpatriotic to allow ourselves to drift into avoidable sickness.

After a long apprenticeship, it is not right or economically sound to have a short professional life, and the example of nurses dropping out, just when they should be ready to become leaders in their field makes many a young woman choose a business course when she might otherwise go into training. It is upon the older nurses with greater experience that the task largely rests to raise the standards of

nursing and their number is not so large as it might be. Shall the nursing organizations and hospitals (which, to a large extent, represent private initiative, the recognized pioneer in so many lines of human welfare) lag behind civil service and industry?

In conclusion, a few recommendations suggest themselves. Most of the recognized hospitals insist that each probationer undergo a physical examination. Would it not be well to make this a part of the requirements of accredited training schools with provision for a yearly examination, and one before taking the examination for R.N.? In that way she would have had four examinations before starting her professional work and her prejudice against them would be overcome. She would start as a graduate with a sound body and the public and her patients would be protected, for a time at least, from a sick nurse. Health insurance would undoubtedly accelerate physical examinations. I think that compulsory vaccination against small pox and typhoid as well as periodic dental attention should be part of the training of every nurse.

To recapitulate, nurses owe it to themselves, the public and their profession to have general physical examinations on entering the work and yearly thereafter, carrying out faithfully all recommendations made by the examining physician. This applies to all nurses, but especially to those in public health and institutional work, as they come in contact with so many more people and their influence is consequently much wider. These examinations are already being made in three large branches of public health service as well as in many industries and other lines of work where women are employed. The logical place to start such a ruling is in the training school where it can be made mandatory. The sick nurse has no place in the active field, both because of its physical exactions and because the public is demanding more and more the healthy nurse. We should at all times be living examples of what we advocate,—health.

ARE WE DOING ENOUGH?

One-half the people of Belgium today receive a part or all of their daily food from charity. Over a million and a half get their food by standing each day in the long soup lines in front of communal kitchens. Whenever our food shipments decrease, these soup lines increase, because when there is a shortage of food in Belgium, the soup lines and the children's canteens are the first to be cared for. In one month, the soup lines of proud old Antwerp increased from 40,000 to 150,000. That meant that every other man, woman and child in that great city had to rely on the soup lines for daily bread.—Vernon Kellogg in the *Journal of Home Economics*.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

A PRACTICAL WORKING RECORD SYSTEM

BY ALICE SHEPARD GILMAN, R.N.

Rochester General Hospital, Rochester, N. Y.

A concise, accurate and uniform record of students' work which involves the least possible expenditure of time and energy, is what training schools are needing today, to replace the old-time book system. The following record system, which has been in operation in the Rochester General Hospital for the last year and a half, has proven practical in use. The expenditure of time and energy has been cut down so that it averages 40 minutes a day, of one person's time, to keep up the records for the school of 150 students.

1. Report of Preliminary Course.

This sheet, 11 x 8½ is kept entirely by the instructor. At the end of the course, it is submitted to the principal of the school. It is then filed in the permanent folder.

ROCHESTER GENERAL HOSPITAL SCHOOL OF NURSING

REPORT OF PRELIMINARY COURSE

Miss _____				Class _____			
PRACTICAL WORK	SEN	PRACTICAL	WARD	PRACTICAL	THEORY	EXERCISES	REMARKS
Admission and Discharge							
Alcohol Sponge							
Appointments, uses of							
Arm rest, Surg							
Back Rest							
Back in Bed							
Back, Steth							
Bath for Temperature							
Bed Clothing							
Bed, Spongy							
Bed, Ether							
Bed, Pressure							
Bed, with Patient							
Bed Sore, care of							
Catheter							
Couster Irrigator							
Cupping							
Flannel							
Flannel Foot Bath							
Flannel Pad							
Footies							
Torquing Straps							
Dressings							
Douches							
Aural							
Nasal							
Vaginal							
Enemas							
High Gas							
Sops							
Gloves, rubber							
Hypodermic							
Inhalation							
Croup Tent							
Dry							
Wet							
Irrigation, Murphy's							
Laryngeal Cap							
Medicine, Admin of							
Mouth, care of							
Push, cold							
Push, hot							
Preparation for Night							
Preparation for Operation							
Records of Patients							
Shavers							
Female							
Male							
Spas, collection of							
T P R							
Typoid							
No. 1							
No. 2							
Up to Chair							

Investigations _____

Surging _____

Drugs and Solutions _____

Practise in Classroom _____

Principles of Nursing _____

Accountability to Patients _____

Accountability to other Nurses _____

Conduct with other Nurses _____

Neatness, personal _____

Neatness, about work _____

Thoroughness _____

Thoughtfulness _____

Instructor _____

2. Record of Practical Work.

A. A small sheet, $8\frac{1}{2} \times 5$ inches, accompanies the student to each ward and is checked off as she completes the treatments and procedures recorded upon it. When the student completes her study here the slip is filled out by the nurse in charge and is taken to the office of training school.

2-A

REPORT FROM MEDICAL AND SURGICAL WARDS

Ward _____
 From _____ to _____
 Ward _____

Counter Irritants:

Mustard Foot Baths

+ Paine

Turpentine Stages

Catheterization

Dressings

Enemas:

High Gas

Simple

Gavage

Irrigation:

Murphy's Glycerin

+ Saline

Rectal

Lavage

Packs:

Cold

Hot

Temperature Baths

Poultices:

Digitalis

Flaxseed

Personal Stitches

Prognosis for:

+ Aspiration

Bladder Irrigation

Intra-Venous Med.

Lumbar Puncture

Operations

Subcutaneous Med.

Transfusions

Medical Cases _____ Time

Acceptability to Patients

Executive Ability

Integrity

Business

Professional Attitude

Tact and Adaptability

Remarks _____

Grades: A—Excellent; B—Good; C—Fair; D—Poor; E—Very poor.

Nurse in charge _____

(Reverse of Sheet)

PERSONALITY

Adaptability—very; moderately; indifferent.

Courteous—always; generally; discourteous.

Dignified—always; moderately; undignified.

Enthusiastic—very; moderately; lacking.

Imaginative—very; moderately; lacking.

Industrious—very; moderately; indolent.

Kindness of person—marked; moderately; obscure.

Resourceful—very; moderately; dependent.

Sense of humor—much; little; usually serious.

Sympathetic—very; moderately; lacking.

PROFESSIONAL FITNESS

Accurate—very; fairly; inaccurate.

Conscientious—very; hardly; not at all.

Criticism taken—well; poorly; resented.

Initiative—excellent; some; none at all.

Interested in work—very much; little; lacking.

Loyal—very; hardly; disloyal.

Memory—excellent; fair; forgetful.

Observation—excellent; fair; unobservant.

Punctual—always; fairly; tardy.

Rapid worker—very; fairly; slow.

Reliable—very; fairly; irresponsible.

Remarks _____

(The description of this record system with the accompanying charts, much reduced in size, will be carried through several numbers of the JOURNAL. Miss Gilman will be glad to send samples of the records described to those desiring them.)

Hospital and Training School Administration 1175

B. Large, Practical Record Sheets, 11 x 8½ inches.

This is left in the permanent folder. As each small sheet is submitted, its contents is transferred to this sheet under the ward and month, the small slip is then destroyed.

2-B

ROCHESTER GENERAL HOSPITAL SCHOOL OF NURSING RECORD OF PRACTICAL WORK

Name _____													TOTAL
Ward _____													
Month _____													
Aspiration _____													
Baths, Sick, care of _____													
Baths, Slesh _____													
Temperature _____													
Catheterization _____													
Drawings _____													
Enemas, High gas _____													
Nutritive _____													
Stimulating _____													
Gavage _____													
Inhalation _____													
Intra-Venous Med. _____													
Irrigation, Bladder _____													
Rectal _____													
Lavage _____													
Lumbar Puncture _____													
Murphy Drip _____													
Glucose _____													
Mustard Foot Bath _____													
Purine _____													
Push, Cold _____													
Hot _____													
Perineal Sitzbath _____													
Pneumonia _____													
Pust. Myriam Care _____													
Purification _____													
Private Patients _____													
Subcutaneous Med. _____													
Typhoid Stages _____													
Typhoid Day _____													
Autopsy _____													
Constitution in detail _____													
Courtesy _____													
Crutches, how when _____													
Dignity _____													
Efficiency _____													
Executive Ability _____													
Initiative _____													
Industry _____													
Interest in work _____													
Loyalty _____													
Manners, in person _____													
In work _____													
Observation _____													
Prof. Attitude _____													
Patience _____													
Reliability _____													
Steadfastness _____													
Trustworthiness _____													
Test and Adaptability _____													
Ward of Honor _____													
Work _____													
Remarks _____													

(To be continued)

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

ACTION OF ALCOHOL ON MUSCLES.—An experiment to test the influence of alcohol on muscular work has been reported in a Danish medical journal. 5 c. c. of alcohol was given before rising and the test made fifty minutes later. Control solutions were used, so the person under observation did not know when he was taking alcohol. Certain prescribed movements were done with the eyes alternately open and shut. There was always a falling off of from thirty to fifty per cent in steadiness of the muscles when alcohol had been taken.

PROPHYLAXIS OF DIPHTHERIA.—*The Journal of the American Medical Association* mentions that diphtheria, which had long been endemic at Mendoza, has been brought under control by systematic use of a vaccine to immunize all in the environment of every case of diphtheria. This seems to confer a more lasting immunity than with the use of antitoxin and appears to be free from the drawbacks of the latter.

BREATH-HOLDING ATTACKS.—In a discussion in the American Pediatric Society it was stated that breath holding usually occurs in neuropathic children and treatment should be directed toward the general management of the nervous child. Biting of the tongue, a symptom of epilepsy, does not occur in breath holding. The patient should be shown in no uncertain manner that a repetition of the attack will end with harsh if not painful measures. A case was mentioned in which a child who had a cold became unconscious during an attack and died. It was suggested that forcing the mouth open, drawing the tongue forward and then pushing the cheeks in, excited some reflex which relieved the spasm of the glottis. These cases do not occur until the second year of life.

VITALIZATION OF ARTIFICIAL LIMBS.—*The Journal of the American Medical Association* says that an Italian surgeon advocates the principle of direct muscular control of the movements of artificial limbs by the muscles in the stump. He has devised fifty-one different ways in which the principle can be applied, including the utilizing of antagonist muscles.

DRIED MILK.—A report on the value of dried milk has been issued in Great Britain. There are two methods of preparing it. In one the milk is passed over heated cylinders and the film thus formed is scraped off. The other is the process of spraying a previously concentrated milk into a hot air chamber where the dried milk falls in

the form of a cream colored powder. If kept dry it will remain fresh for weeks or months. When mixed with water in the proportion of one dram to one ounce it corresponds in composition to ordinary milk. It has a somewhat boiled taste, the fat rises quickly to the surface and there is generally some undissolved residue. It has proved, however, a good substitute for cow's milk, much better than the proprietary foods, which contain much starch. It is said to contain far fewer germs than town milk and is less likely to transmit infectious diseases. Germs do not multiply in it. It should be prepared as it is needed for feeding, as it does not keep well.

SUBSTITUTE FOR CATHETERIZATION.—In the discussions of the American Medical Association it was stated that half an ounce of sterile glycerin introduced into the bladder did away with the use of the catheter.

FACTORS IN BREAST NURSING.—An Italian physician asserts that few women are actually incapable of nursing their children and that medical advice and assistance during the first week after childbirth materially increase the number of women who can do so. She thinks that milk stations to supply milk for infants are not as much needed as consultations and advice as to the care of children in the home. Distribution of milk, trains the mothers to artificial feeding for their infants.

FIBROID TUMORS AND RADIUM.—Dr. Howard A. Kelly, of Baltimore, approves of the use of radium in fibroid tumors; it is without danger and has been found effective in 93 per cent of the cases under observation, numbering 210. In 171, radium alone was sufficient to relieve the patient. The tumor was either gone, or markedly diminished, or the patient symptomatically well. If radium fails, the operation has only been postponed without detriment to the patient. In some cases, even after two years, menstruation either normal or scanty has returned.

MUSTARD GAS.—*The Journal of the American Medical Association* says that this poisonous substance now employed by the Germans in warfare was first made in 1886 by a German chemist, Victor Meyer. It is in reality a heavy, oily fluid, sinking below water and not miscible with it, of neutral reaction, having a faint sweetish, ethereal odor only slightly suggestive of the sulphur compounds, and with a boiling point of 217 C. It can be distributed in the form of a spray on impact of a shell. The conspicuous symptoms are conjunctivitis, laryngitis, bronchitis and skin burns, all due to the excoriating effect of the substance. Many complications may ensue. The appearance of the symptoms is usually delayed for a considerable time, sometimes

as long as sixteen hours. The lesion is a chemical burn, unlike those produced by heat, electricity, or the ordinary corrosives, such as acids or strong alkalis. The deep penetration of the smallest quantities applied to the surface is a most striking feature. The height of the necrosis is not reached until from five to ten days after the application. The painlessness of the lesion is a marked characteristic.

GERMANY A CANCER IN THE BODY POLITIC.—Major Edouard Rist, who came direct from the French front to address the American Medical Association, said in the course of his speech: "Germany has sacrificed everything to the delusion of growth and for the sake of growth. Now this malignant growth has shown itself in its true light—a cancer which separates the normal cells from each other, which obliterates blood vessels and destroys and kills. There is only one remedy for this growth, the knife. It is applied now. The surgical team doing the work is the best the world can afford. Great Britain, France, Italy and America are at it. Let them do the work thoroughly, so that there shall be no recurrence. Let them extirpate this malignant tumor, this poisonous German growth, lest it should infect the whole body. It is hard work, it will be long work and it is ugly work, but it has to be done if the world is to be saved and freedom restored."

BALANCE BETWEEN FOOD, FUEL AND WORK.—A British scientific commission has reported that if the workman be under-nourished he may, by grit and pluck, continue his labor for a certain time, but in the end his work is sure to fail. It makes no difference what the nutritive condition of the person is, if a certain job requiring muscular effort is to be done it always needs a definite amount of extra food to do it. Has not this a special application to nurses?

WAR AGAINST HOOKWORM.—At the request of the Government, the Rockefeller Institute is sending an expedition to Jamaica, British West Indies, to institute work towards the eradication of hookworm. The work will be undertaken in coöperation with the Government.

"Kindness is catching, and if you go round with a thoroughly developed case, your neighbors will be sure to get it."

LETTERS TO THE EDITOR

Note: The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

A MESSAGE FROM AMERICA'S FIRST TRAINED NURSE

Dear Editor: I wish to express to you my appreciation of the JOURNAL. Its coming is like the coming of an expected friend, who by wise counsel is always helpful; particularly since we have this war, I have found its pages full of instruction and interest. To those of you who would so gladly be in the thick of the nursing work but who are for various reasons prevented, the JOURNAL seems to me an absolute necessity. I am proud of the work being done by our nurses, and I urge every nurse who can possibly do so, to offer her services to her country. Every graduate nurse should take and carefully read the JOURNAL and in that way keep herself informed concerning the work which is being accomplished in our profession.

Massachusetts

LINDA RICHARDS.

TO THE MEMBERS OF THE AMERICAN NURSES' ASSOCIATION

Dear Editor: Two days ago I received a copy of the cable sent by the American Nurses' Association during the time of the convention. It does us good to know that the folks at home are thinking of and working for those of us who are over here, in order to make our work more efficient. It will probably interest you to hear something of Base Hospital No. 3. We cannot tell you of exciting adventures or of unusual experiences, but we can give an idea of the type of work we are doing. When our unit first arrived, the nurses were sent to a casualty depot for temporary duty and from that point were gradually distributed, in more or less small groups, to various camp and field hospitals throughout the country. One of the groups was assigned to an evacuation hospital. In the meantime our officers and men had gone to the location in which our base hospital was to be established and had taken over a huge old monastery, which had been remodelled by the French a short time ago for use as an insane asylum. It took some time to clean up and equip the buildings and the nurses were not recalled until seven weeks ago, when eighteen of us were assigned here for duty. That means that forty-seven of our number are still on duty in other locations. When filled to its utmost capacity, this institution will accommodate about 2000 patients. At present we are not ready for that number as the plumbing has not all been completed. We have some patients though, and we have all enough work to keep us busy. We have a number of contagious cases, they come from the neighboring camps. Our first convoy arrived about two weeks ago and amongst those we had an assortment of cases. Many had shrapnel wounds, a few had been gassed and a small number were rheumatics. None of these men were acutely ill but they needed care to help them to their feet. The gassed cases seem to appeal to our sympathy most of all. We know that with our wounded boys it will be only a matter of time before they can help themselves and in the majority of cases, be quite well, but with the gassed boys it is different. Some days they appear to be doing nicely, then again they are nervous and miserable. The shell shock cases also require patience. It is pathetic to see how nervous and generally unstrung they are. We have such ideal conditions here for the sick and wounded that we expect wonderful results. Our buildings are large and airy. Not only have we the maximum of

air space in the wards but each ward has an open verandah and an enclosed court in which the patients can exercise. The contagious wards are admirably placed and the men can have quite a little freedom without any danger of coming in contact with the other patients. The period of convalescence ought to be rapid and sure under such conditions. The food is ample and good and everything is being done to make our patients happy and comfortable. The living accommodations for the nurses are the best I have seen since I left the States. A large building has been set aside for permanent quarters. There is ample space for the whole group of sixty-five, and only two in a room. That means a great deal to us as it has happened sometimes that we have had to live in rather crowded quarters. At present our small group of eighteen is housed in another building which has large airy rooms and good toilet facilities. It is true we have not a bath house and have not had full baths since our arrival on this side, but we have learned to consider that a minor detail and look forward to the time when we shall have a real bath house with tubs and showers. This is now in course of construction and looks very promising for early occupancy. In the meantime some of the nurses have bought bathing suits and have a swim in the river (which flows in front of our hospital) whenever the weather permits. We hope to establish a nurses' club as soon as our whole group comes together, we have really started it, as we now have a piano, table and some chairs in the building which has been given over to us for that purpose. I have a small cottage all to myself. It has four rooms, one I use for an office, the adjoining one I intend to fit up as a sitting room, my bedroom is upstairs and until definite rooming arrangements are made, I have one of the nurses in the fourth room. We are located in the country about two miles from the nearest village and shopping facilities are very limited. Now that the weather is getting warm, the nurses are not very ambitious about walking long distances so two of them have bought bicycles. This is the only available means of travel around these country parts. One seldom sees an automobile, and a horse and trap are a luxury. Our nurses are doing splendid work at their various stations. I have had most enthusiastic reports of them from many sources. Last Sunday an inspecting officer arrived here and spoke of the good work being done by them. Some of them have ailed but on the whole they have had good health and have responded most heartily to all calls made on them. Please convey to the American Nurses' Association the appreciation of the nurses of Base Hospital No. 3, for the greetings and message of encouragement which was sent by the members present at the convention, held in Cleveland, May 7-11. Every nurse of this Unit will do her part to the best of her ability, bearing in mind that her work and attitude will reflect credit, or discredit, according as she wills it, not only on the nurses of this unit but on the entire nursing profession of the United States. We all send our sincere greetings to the members of the American Nurses' Association.

France

AMY H. TRENCH.

CIRCULATION OF RED CROSS RUMORS

Dear Editor: My attention has been called to comments in the June issue of the JOURNAL in regard to alleged scandals circulated about Red Cross nurses. I should like to correct certain inaccuracies. The libellous rumors had been prevalent for many months and had reached me from many sources. It was, therefore, entirely proper for me to report it to an official of the Red Cross and his war service committee for investigation. No public statement was made at any

time. These same rumors I repeated to the Grand Jury when they summoned me as a witness and I gave them the names of various people who had in private discussed the matter with me. It was of course very important to put a stop to the slanders but I must protest against being made a scapegoat for the real offenders. So far from being hostile to the Red Cross, I am a member of it and am constantly working for it. My friends realize that Judge Hand's imputations are preposterous but as his statements might be credited by the general public, I published a denial in the New York and Boston newspapers.

Boston

EMMA B. CULBERTSON.

BIRTH CONTROL

Dear Editor: In the JOURNAL for June are two interesting papers about Birth Control. The writer agrees with some of the opinions of the authors, with others he does not. He is of the opinion that birth control in any shape or form or for any purpose whatsoever, is not only against God's law but is also certainly injurious to the woman's health. The Catholic Church permits her married adherents to live together as celibates if they mutually so desire, but as soon as they make use of the married privileges they then must put up with the consequences, that is the possible offspring. The writer as a student sat at the feet of that good physician, Dr. Goodell, professor of gynecology in the University of Pennsylvania, and listened to the words of wisdom which used to come from his mouth. Many a time while lecturing, it would be noticed that he stooped and whispered to the patient. On her removal he would tell the class that he had asked her if she had interfered with conception. Then he would tell the class that her ills and many of the ills of women were due to this cause, the prevention of conception. This teaching of the professor made on the writer a great impression, in consequence of which he has observed, through a long medical career, the bad effects both morally and physically, which contraceptive methods have on our women. The main function of the woman is to bear children. Although made for that end, strange to say, the writer has noticed that if the woman remains single, provided she be virtuous, her health will not suffer. But let that woman marry, let her make use of her marriage rights, let her try at the same time to prevent conception, she will be always ailing. The appearance of her countenance will show the expert what is her practice. Any one who interferes with nature's laws will always pay the penalty. But let that same woman not interfere with conception but take willingly all the children coming to her, even if it be a baker's dozen, it will be found that in the most number of instances, she will live to a healthy old age, provided the tears of the cervix and perineum are repaired. We are told by some of our so-called physicians that a woman who is tubercular or who has some serious chronic disease should not bear children. That may be correct, but there is only one legitimate way by which that woman who is afflicted, can prevent children without danger to her health and that is by abstaining from her marital rights. If that woman who is diseased should make use of her marriage privileges, her health would be in more danger by the interference with conception, then it would be if she permitted a conception to take place and the consequent pregnancy go on to full term. A woman who is averse to bearing children should never marry. A life of single blessedness for her, provided she remain virtuous, will be much better for the health of her soul and body. If our girls were properly clothed, properly educated, in other words, if the making of them as future mothers was begun after they left the cradle, they would be better fitted to enter

married life, and pregnancy and labor would have no terrors for them. Labor is a physiological process and if properly managed, the dangers to life are reduced to a minimum. Birth control in New England has practically wiped out the descendants of the Puritans and has replaced them with another race, the Irish. Birth control is also the reason why, in a few more generations, this section of the country will be peopled not by the descendants of the original settlers but by the descendants of the Italians, the Poles, Hungarians and Russians, who no doubt, will make as good citizens as the original settlers or their too few descendants, because they do not violate one of nature's most fundamental laws, and act in accordance with the command given by God to Noah and his sons. "Increase and multiply and fill the earth."

Philadelphia

JOHN F. ROEDERER, M.D.

AN APPEAL: FROM A REST BILLET

If you want to appreciate what Army nursing means at this time, serve a few months in a Cantonment, then be obliged to give it up temporarily—just play you are a "jelly fish" while others are "carrying on." Never a day but you will wish yourself back nor that you don't say, "Even if I am permanently an invalid, it was worth while." Why do you hesitate to enlist? Is it because your parents need you? Didn't the little widow in the next block, who is perhaps taking in washings that her service flag may proudly fly, need her boy? And didn't her boy go, so that your mother and his might be saved from the fate of the Belgian mothers? Are you putting a sister through college? What benefit will that education be to her if the Germans hold the fort? Can it be that the five dollars a day and thoughts of the future rainy day are keeping you? If it is the Kaiser's reign you'll need more than money to see you through. Aside from the feeling of duty and patriotism, there are many other reasons why you will never be sorry if you come into the service now and regret it to the last day of your life if you don't. You have never known such satisfying kind of nursing, you are so needed, professionally and as a friend. Many of the soldiers have never been away from home before and when they are sick, maybe the first time during their busy days in camp, they have had time to be homesick and dwell upon the thoughts of what may be waiting for them "over there." Not that our soldier boys are a blue lot, far from it. I never could imagine a better-natured, more uncomplaining and appreciative crowd than they are. You will be expected to be equally appreciative of their mothers' letters, their best girls' pictures, their fathers' horses, etc., and the dressing of that wound, made by a "four-legged mule," as one boy explained, won't hurt nearly so much if the superiority of his outfit is being discussed. If you have stayed on a little late to give a last hot water bottle or rub an aching back and have heard one boy whisper to his neighbor, "Gee, Buddie, what would we do without the nurses?" don't you think you will be glad you came and proud to belong? But if you don't, what then in after years? "Where was I during the war?" Many will be able to answer satisfactorily, for there is much to be said for the institutional, public health and social service nurses. Are you one of these? If not, won't you think it over and see if, conscientiously, you can refuse to bear your part of the burden for your country's sake, your profession's and your own.

New Mexico

T. B.

NURSING NEWS AND ANNOUNCEMENTS

(The news items in this issue of the JOURNAL are greatly abridged because last month's issue was the convention number, and it is now necessary to crowd the news of two months into one.—Ed.)

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

Organizations and individuals are responding to the request for help in the work of reorganization, in the most encouraging way. Since the close of the convention resignations have been received from two county and nine alumnae associations and from 81 "Permanent Members." All these retain their membership through their state associations.

NURSES' RELIEF FUND, REPORT FOR JUNE, 1918

Receipts

Previously acknowledged	\$2,862.44
Interest on bank balance	39.64
Alumnae Association, St. Mary's Free Hospital for Children, New York City	25.00
Elliot Hospital Alumnae Association, Manchester, N.H.	5.00
Mabel Lee Hall, Hot Springs, Ark.	1.00
Graduate Nurses of District of Columbia	10.00
Nurses' Alumnae Association, Samaritan Hospital, Philadelphia.....	25.00
Allegheny General Hospital, Alumnae Association, Pittsburgh, Pa....	50.00
Marjorie Benhamin, Cleveland, Ohio	3.00
Louisiana State Nurses' Association	25.00
Alumnae Association, Pittsburgh Training School for Nurses, Homeopathic Hospital, Pittsburgh	50.00
Florida State Association of Graduate Nurses	10.00
Alumnae Association, Medico-Chirurgical Hospital, Philadelphia.....	25.00
St. Francis' Nurses' Alumnae Association, Pittsburgh, Pa.	25.00
Augusta Eleanor Mettel, Little Falls, Minn.	1.00
Rhoda Ashworth, Waloboro, Maine	1.00
Mrs. Janette T. Peterson, Chairman California State Relief Fund Committee	45.00
Lillian E. Tucker, Philadelphia	1.00
Sarah W. Spears, Jacksonville, Fla.	2.00
Roosevelt Hospital Alumnae Association, New York City.....	25.00
Dansville General Hospital Alumnae Association, N. Y.	15.00
Clara J. Gordon, New York City	5.00
Ella M. Tesch, Jacksonville, Fla.	1.00
Association of Graduate Nurses of Northern New York	51.22
Alice P. Converse, New York City	5.00
Nurses' Alumnae Association, Jefferson Medical College, Philadelphia..	50.00
Nurses' Alumnae Association of the Pennsylvania Hospital, Philadelphia	50.00
Rochester Homeopathic Hospital Alumnae Association, Rochester, N. Y.	25.00

\$3,433.30

Disbursements

Application approved, No. 1, 41st payment.....	\$10.00
Application approved, No. 2, 30th payment.....	5.00
Application approved, No. 5, 17th payment.....	20.00
Application approved, No. 6, 26th payment.....	15.00
Application approved, No. 7, 20th payment.....	15.00
Application approved, No. 11, 17th payment.....	20.00
Application approved, No. 13, 6th payment.....	15.00
Application approved, No. 14, 4th payment.....	15.00
M. Louise Twiss, treasurer, postage	10.00
E. E. Golding, chairman, part expenses to Cleveland convention	14.00
Cash on hand July 1, 1918	\$ 3,294.30
13 bonds par value	13,000.00
2 certificates of stock	2,000.00
5 Liberty Bonds	5,000.00
	<hr/> \$23,294.30

REPORT FOR JULY, 1918

Receipts

Previously acknowledged	\$3,294.30
Interest on bonds	106.25
Interest on 2 certificates of Provident Loan Society of New York.....	60.00
L. H. Cadwell, Noyrton, Conn.	1.00
Ethel Allen, Detroit, Michigan	2.00
Mrs. James Powderly, Bethlehem, Pa.	1.00
A Metropolitan Hospital graduate, New York City	13.00
Providence Hospital Alumnae Association, Washington, D. C.....	5.10
Mrs. H. R. Jack, New York City	2.00
Elizabeth Saul, Scranton, Pa.	1.00
Elizabeth MacCallum, East Orange, N. J.	2.00
John N. Norton Memorial Infirmary Alumnae Association, Louisville	10.00
Idaho State Association of Graduate Nurses	10.00
Alumnae Association of University of Michigan School of Nursing, Ann Arbor	25.00
H. K. Tucker, Fitchburg, Mass.	2.00
Mrs. Janette F. Peterson, Chairman California Relief Fund Committee	46.00
Ethel May Hall, New York City	2.00
Grace M. Thatcher, Pittsburgh, Pa.	2.00
Anna S. Hoesly, Honolulu—Alameda County Nurses' Association, California	5.10
Concord Nurses' Club	10.00
Altoona Hospital Alumnae Association	10.00
Braddock Hospital Alumnae Association, Braddock, Pa.	10.00
Individual members of Alumnae Association, Michael Reese Training School, Chicago: Alice Louise Buckland, Nell Gertrude Tucker, Clara E. Wisland, Mary E. Morris, Elizabeth H. Steele, Irene MacEdward, Jessie L. Coghlan, Etta Borovick, Johanna Minirich, Minnie E. Smith, \$1.00 each	10.00
Delia M. Beardsley, St. Augustine, Fla.	2.00
Belle Kramer, Chicago, Ill.	1.00
	<hr/> \$3,632.75

Disbursements

Application approved, No. 1, 42nd payment.....	\$10.00	
Application approved, No. 2, 31st payment.....	5.00	
Application approved, No. 5, 18th payment.....	20.00	
Application approved, No. 6, 27th payment.....	15.00	
Application approved, No. 7, 21st payment.....	15.00	
Application approved, No. 11, 18th payment.....	20.00	
Application approved, No. 12, 15th-16th payments.....	20.00	
Application approved, No. 13, 7th payment.....	15.00	
Application approved, No. 14, 5th payment.....	15.00	
Application approved, No. 15, 1st payment.....	15.00	
Exchange on cheques13	\$150.13
		<hr/>
		\$ 3,482.62
13 bonds par value	13,000.00	
2 certificates of stock	2,000.00	
5 Liberty Bonds	5,000.00	
		<hr/>
		\$23,482.62

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144th Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City. For information, address Miss E. E. Golding, Chairman, 317 West 45th Street, New York City.

M. LOUISE TWISS, *Treasurer*.

Catholic Hospital Association.—The third annual convention was held in Chicago, June 18-20, with papers by physicians and hospital superintendents. Among the conferences scheduled were those for Teachers of Training Schools, Operating Room Nurses, Dietitians and Social Service Workers.

The American Home Economics Association.—At its recent annual meeting held in Chicago, this association voted to coöperate with the Government through the coming year in establishing and maintaining instruction in home management, in establishing departments of home economics in schools and colleges to help conserve food, fuel, etc., to further the campaign for child welfare, to promote research work and to support legislation which aims to secure the ends it is working to promote.

Department of Nursing and Health, Teachers College.—83 students were enrolled for the summer session, 31 in the teaching division, 19 in public health, 6 in administration, 17 for the combined course with the Henry Street Settlement, 10 for special courses. The majority of those in the teaching and administrative sections expect to return to their former positions, many having devoted their vacation time to this work. In the public health section, the arrangement has been different from the usual winter one, in that the students have first had five weeks of practical work, followed by six weeks of concentrated theoretical work at the College, after which follow five more weeks of practice.

The Standard Curriculum.—After the first of September, copies of the Standard Curriculum published by the National League of Nursing Education will be secured through Isabel M. Stewart, Nursing and Health Department, Teachers College, instead of through Effie J. Taylor, Johns Hopkins Hospital. *Please enclose check or money order when ordering copies. The paper cover is 80 cents and the stiff cover \$1.00.*

ARMY NURSE CORPS

Appointments.—Katherine Bohan, assigned to duty at U. S. Army General Hospital No. 12, Biltmore, N. C. Emma M. Cartwright, Catherine Koebler, Mabel A. Batdorf, Adeline F. Dennick, assigned to duty at U. S. Army General Hospital No. 11, Cape May, N. J. Verna L. Garnett, Ella B. Nausmann, Lillian M. Steinke, Margaret C. Halloran, Della P. Hall, Anna M. Janasco, Fannie B. Adams, assigned to duty at U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich. Sophia Proctor, Nellie J. McLeod, Georgia A. Steen, Florence A. Bell, Pauline A. Krause, Eva F. Russell, Emma A. Iversen, Eva J. Coudey, Mary C. McGrath, Margaret C. Gillespie, Juliette L. Pournin, Gertrude E. Kerr, Mary A. Howley, Margaret A. Curry, Katherine A. Dietz, assigned to duty at U. S. Army Base Hospital, Camp Devens, Ayer, Mass. Jennie C. Quimby, Elsie M. Melgaard, Louise M. Spohr, Winifred S. Flaherty, June Meek, Jennie I. Purdy, Ida M. Harris, Alice M. Kendrick, Louise M. Young, Mary C. McGinn, Florence E. Taylor, Rena D. Knotts, Catharine H. Allison, assigned to duty at U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J. Myrtle Quiett, Helen R. Ferry, Ann G. Coyle, Grace A. Hubbard, Helen B. Hay, Ina Klinefelter, Martha Riggs, assigned to duty at U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa. Marian Hill, assigned to duty at U. S. Army Camp Hospital, Douglas, Ariz. Freda G. Lund, Anne D. Mullaney, Elizabeth J. Millard, assigned to duty at U. S. Army Evacuation Hospital, Ellis Island, N. Y. Pauline Mitchell, Bernadett Gillis, Leola E. Philip, Mary E. Gallagher, Margaret M. Doherty, assigned to duty at U. S. Army Post Hospital, Fort Ethan Allen, Vt. Annie G. Griffiths, assigned to duty at U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal. Ann E. Brown, Florence Purcell, Valeria Steidle, assigned to duty at Aeronautical Supply Depot and Concentration Camp, Garden City, Long Island, N. Y. Margaret S. Phillips, Mary J. Muse, Fannie Perkinpine, Esther Haller, Maud L. Schrader, Ada Talbot, Myrtle Crum, assigned to duty at U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga. Cecile I. Stoessel, Frida Stang, Sylvia M. Williams, assigned to duty at U. S. Army Base Hospital, Camp Grant, Rockford, Ill. Alice D. Agnew, assigned to duty at U. S. Army Base Hospital, Camp Greene, Charlotte, N. C. Helma C. Carlson, Dora L. Beard, Frances Mullane, Dorothy Dierzen, assigned to duty at U. S. Army Base Hospital, Camp Jackson, Columbia, S. C. Pauline N. Berger, Edna M. Haines, Kathryn H. Honan, assigned to duty at U. S. Army General Hospital No. 9, Lakewood, N. J. Emma C. Shields, Harriet E. Roddney, Lillian D. Seneff, Cora D. Gale, Mabel C. Cox, Ann G. Coyle, Olive C. Blazey, Clara D. Jardins, Bertha Purcell, Edna J. Beal, Mildred Slaughter, assigned to duty at U. S. Army Base Hospital, Camp Lee, Petersburg, Va. Grace L. McRill, Elizabeth Trenholtz, Margaret S. Wilson, Linnea Johnson, Virginia Hodges, Marion Walsh, assigned to Letterman General Hospital, San Francisco, Cal. Helen Walker, assigned to duty at U. S. Army Base Hospital, Camp Logan, Fort Sam Houston, Tex. Lillian B. Snider, assigned to duty at U. S. Army Post Hospital, Fort Logan, Col. Birdie G. Lambing, Harriet A. Cornrie, assigned to duty at U. S. Army Base Hospital, Camp McClellan, Anniston, Ala. Anna E. Murphy, assigned to duty at U. S. Army General Hospital No. 2, Fort McHenry, Md. Myrtle M. Stewart, Josephine Finch, Martha E. Wells, assigned to duty at U. S. Army General Hospital No. 6, Fort McPherson, Ga. Rhoda H. Gillilan, Emma E. Sears, Marion M. Smoak, Anna E. Flynn, Mary A. Hoyle, Gaye Johnson, Alyce L. Bennett, Anna M. Calvin, Mary Devany, Kathryn Bennett, assigned to duty at U. S. Army Base Hospital, Camp Meade, Admiral, Md. Laura D. Laraway, Isabelle R. Winslow, Ronello M. Sleep, Eliza Knapp, Elizabeth E. Mahon, Mary E. Dyas, Stella F. Burger, Dorothy W. Leavitt, C. Caroline Cuning-

ham, Ellen M. Moonan, Mary Davidson, assigned to duty at U. S. Army Embarkation Hospital, Camp Merritt, N. J. Mary A. Thomas, Alice E. Graham, assigned to duty at U. S. Army Base Hospital, Camp Mills, Mineola, Long Island, N. Y. Elizabeth A. Doyle, Grace E. Garland, assigned to duty at U. S. Army General Hospital No. 16, New Haven, Conn. Bessie D. Powell, Margaret Lawless, Louise M. Henry, assigned to duty at U. S. Army General Hospital No. 1, Williamsbridge Station, New York, N. Y. Kate W. Reid, Olga C. Baumann, Minnie W. Kalweit, Maude Moore, assigned to duty at U. S. Army General Hospital No. 14, Fort Oglethorpe, Ga. Helen C. Allen, Mary C. O'Keefe, Catherine Dohetty, Nellie Bull, Mary J. Morrison, Florence B. Quinn, Azilda Hall, Mary A. Riley, Mildred Tucker, Selma E. Thurnau, assigned to duty at U. S. Army General Hospital No. 8, Otisville, N. Y. Bertha B. Ulrich, assigned to duty at U. S. Army Base Hospital, Camp Pike, Little Rock, Ark. Stella Yoakum, assigned to duty at U. S. Army Post Hospital, Plattsburg Barracks, N. Y. Belle McK. Fraser, Lucia F. Johnson, assigned to duty at U. S. Army Base Hospital, Fort Riley, Kan. Elizabeth M. Shekosky, assigned to duty at U. S. Army Post Hospital, Rock Island Arsenal, Rock Island, Ill. Beatrice Grant, Effie M. Sargent, assigned to duty at U. S. Army Base Hospital, No. 1, Fort Sam Houston, Tex. Bettie Crutchfield, Sophia C. Zolnowaka, Virginia S. Gould, Alice F. Fadrowsky, Frances Henchey, Jennie Richards, Mabel Potts, Anna A. McGonagle, Annie Hartfield, Agnes Farley, Ida L. Langenheder, assigned to duty at U. S. Army Base Hospital, Camp Sevier, Greenville, S. C. Louise M. Cordts, Eula P. Wardin, Margaret L. Bently, assigned to duty at U. S. Army Base Hospital, Camp Shelby, Hattiesburg, Miss. Edith L. Huffman, Mary E. Rozzasco, Rose K. Golden, Ethel Lent, Edna E. Jones, Mattie V. Bushee, Sadie A. Krause, Helen C. Manley, Martha Woody, assigned to duty at U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio. Julia J. Sergerson, Ella M. Gilligan, Elizabeth F. Redmond, Elin M. Blom, Edith L. Burdick, assigned to duty at St. Mary's Hospital, Hoboken, N. J. Charlotte Trainor, assigned to duty at U. S. Army Embarkation Hospital, Camp Stuart, Newport News, Va. Mary McWebb, Kathryn M. Linehan, Anne E. Edwards, Regina Bigler, Caroline M. Myers, assigned to duty at U. S. Army Base Hospital, Camp Taylor, Louisville, Ky. Bess K. Newell, Fay Miller, assigned to duty at U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Texas. Katharine M. Smith, Henrietta F. Sharon, Irene J. Field, Kathryn McCarthy, C. Maud Nichols, Caroline A. Jackson, Sarah Smith, Anna M. Maguire, Sadye A. Sutcliffe, Mary A. Reilly, Gertrude M. Martin, Frances F. Hagar, Margaret S. Bell, Jane N. Anderson, Veni I. Radley, Mary E. Baird, Sarah E. Conside, Mary B. Ryan, assigned to duty at U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y. Isabel L. Glandinning, Josephine Barrett, Isora VanDolah, Cecelia Fey, Hannah Foy, Katherine L. LaRose, assigned to duty at U. S. Army Base Hospital, Camp Wadsworth, Spartanburg, S. C. Bertha L. Eaton, Maude E. Pierce, Clara L. Mann, Isabella S. Leeds, Harriet J. Poole, Florence M. Reynolds, M. Agnes Lowell, Lillian Mahin, Myrtle A. Tatum, Naomi R. Gardner, assigned to duty at War Emergency Dispensary, Washington, D. C. S. Irene Betts, Margaret V. McLaughlin, assigned to duty at U. S. Army General Hospital No. 20, Whipple Barracks, Ariz. Alice M. Egan, assigned to U. S. Army Base Hospital No. 20 (service in Europe). Sarah M. Freeman, Daisy M. Landry, Ethel M. Hughes, Margaret A. Powers, assigned to duty at U. S. Army Base Hospital No. 51 (service in Europe).

Transfers.—To U. S. Army Base Hospital, Camp Doniphan, Fort Sill, Okla.: Katherine E. Geisendorfer, with assignment to duty as Chief Nurse. To U. S. Army Base Hospital, Camp Greene, Charlotte, N. C.: Susan G. Parrish, with

assignment to duty as Chief Nurse. To U. S. Army Base Hospital, Camp Grant, Rockford, Ill.: Anne Williamson, with assignment to duty as Chief Nurse. To Letterman General Hospital, San Francisco, Cal.: Jessie M. Ritter, Angela V. Hayes, Martha H. Madsen, Margaret F. Tangney. To U. S. Army Base Hospital, Camp MacArthur, Waco, Tex.: Laura O. Hale. To U. S. Army General Hospital No. 2, Fort McHenry, Md.: Anna R. Smith, Elizabeth A. Snyder. To U. S. Army Post Hospital, U. S. Army Aviation School, Payne Field, West Point, Miss.: Rebecca T. Steen, with assignment to duty as Chief Nurse, Lucy V. Thompson, Mary E. Bransfield, Ethel M. Proud. To U. S. Army Base Hospital No. 35 (service in Europe): Aline MacFarlane, with assignment to duty as Chief Nurse. To U. S. Army Base Hospital No. 45 (service in Europe): Ruth I. Robertson, with assignment to duty as Chief Nurse, Nellie Hankins, M. Elsie Ritter, Helen D. Bengston, with assignment to duty as Chief Nurse. To U. S. Army Base Hospital No. 49 (service in Europe): Ida L. Gerding, with assignment to duty as Chief Nurse. To U. S. Army Base Hospital No. 50 (service in Europe): Belle McKay Fraser, with assignment to duty as temporary Chief Nurse. To U. S. Army Base Hospital No. 102 (service in Europe): Helen M. Collins. To U. S. Army Base Hospital No. 115 (service in Europe): Mary E. Sheehan, with assignment to duty as Chief Nurse, Mary C. Barker, Camilla G. Booth, Cressa F. Burley, Welma G. Daron, Anna S. Davis, Laura C. Doub, Elizabeth R. Earle, B. Blanche Fleming, H. Elvira Helgrne, Lorena S. Ingraham, Frances C. Jardine, Hannah A. Kallem, Edith McDonald, Jessie MacNay, Loretta E. McGuire, Mabel M. MacTaggart, Lottie M. Numbauer, Irene Norman, Elizabeth E. Payne, Eunice T. Rogers, Stella L. Teague, Irene M. Thompson, Irene G. Truax, Helen Van Regemorter, Mary E. Wagner, Lula F. Wilkins, Ella M. Williams, Wilhelmina M. Dusossoit, Emma C. Cooper, Anna R. Goff, Rae L. Herman, Louise K. Jones, Pauline M. Sherman, Helen R. Brandon.

Discharges.—Ruth Bennet, S. Elizabeth Blodgett, Minnie Angstrom, Stella Masterson, Bertha Purcell, Annie Sarah Ross, Elsa E. Ruttkamp.

RESERVE NURSES, ARMY NURSE CORPS.

Assignments.—To U. S. Army Post Hospital, Fort Andrews, Mass.: Jeanette K. Lowell. To Aviation Mechanics Training School, Minneapolis, Minn.: Elsie G. Slater, Elizabeth Price, Irene Thulis, Johanna McNamara, Eva B. Stoner. To U. S. Army General Hospital, Fort Bayard, New Mexico: Lucy E. King, Minnie B. Wheeler, Nancy G. King, Francis Maron, Mary H. McMeon, Vera E. Roberts, Marion Reid. To U. S. Army Post Hospital, Fort Barrancas, Fla.: Doris M. Arquier. To U. S. Army Base Hospital, Camp Beauregard, Alexandria, La.: Louise Seibel, Luella E. Helvy, Ellen Gallagher, Louise Botsai, Kathryn McDonnell, Minnie Morsching, Eva Merryweather, Katherine McLaughlin, Edna E. Duncan, Lorette M. Ostrander, Alice S. Gregory, Katie Abrams, Sarah F. McLane, Josephine L. Duffy, June McGuire, Doris M. Garrould, Emily Panhrysen, Florence Gray, Emma H. Pfeiffer, Clara Smith. To U. S. Army Base Hospital, Fort Benjamin Harrison, Ind.: Nannie A. Rhodes. To U. S. Army Base Hospital No. 2, Fort Bliss, Tex.: Sylvia E. Swisher. To U. S. Army Base Hospital, Camp Bowie, Fort Worth, Tex.: Pauline Schunk, Annie M. Munck, Mattie Summers, Emma Giger. To U. S. Army Base Hospital No. 3, Brownsville, Tex.: Bess M. Hyatt, Anna M. Larson. To U. S. Army General Hospital No. 12, Biltmore, N. C.: Marguerite L. Lally, Cora H. Glen. To U. S. Army General Hospital No. 11, Cape May, N. J.: Anna M. Walsh, Hattie G. Stephens, Abbie C. Johnson, Sophia Appell. To U. S. Army Base Hospital, Camp Cody, Deming, N. Mexico: Alice E. Neilson, Minnie M. Beecher, Viola Lundholm. To U. S. Army General Hospital No. 3,

Colonia, N. J.: Ella Stride, Fannie Fox. To U. S. Army Post Hospital, Camp Colt, Gettysburg, Pa.: Mary R. Helstrom, Helen Laufer, Edna Merrill, Honor A. Barry, Helene Hughes. To U. S. Army Base Hospital, Camp Custer, Battle Creek, Mich.: Jane O. Wagner, Louise M. Bach, Mary E. Palmer, Kate E. Bushouse, Ethel B. Hamilton, Regina Wahl, Anna Pinchin, Cecilia B. Snyder, Isabella J. Wenzel. Ruth H. Brooks, Lelia Rowley, Mary Donovan, Charlotte L. Conrad, Hazel G. Ward, Inez A. Melarvie, Jane T. Taylor, Bessie L. Kesselring. To U. S. Army Base Hospital, Fort Des Moines, Iowa: Anna Luxien, Norah K. Walch, Cleora Sankey, Ellen Hanson, Mary Redpath, Margaret Dunn, Ellen G. Jorstad, Ester O. Jorstad, Cecilia Joach, Katherine A. Price, Ruth G. Schornover. To U. S. Army Base Hospital, Camp Devens, Ayer, Mass.: Orpha L. Howe, Bessie E. Kimball, Edna J. Dalrymple, Mary W. Clarke, Gertrude J. Schmidt, Edna I. Confehr, Mabel Weston, Margaret Travis, Alice M. Cronk, Ann E. O'Conner, Harriet E. Clough, Mary I. Cuvelier, Elizabeth W. Meckley, Frida K. Carlson, Grace M. Mumma, Mary Williams, Emily H. Alcorn, Anna M. Maloney, Hester B. Rogers, Martha J. Doyle, Mary M. Rock, Myrtle Ricketts, Cecile M. Genoud, Ella A. Kahler, Mary E. Rapson. To U. S. Army Base Hospital, Camp Dix, Wrightstown, N. J.: Margaret B. Horncastle, Phoebe M. Kelly, Eva M. Dill, Ellen O'Brien, Mabel E. Bordan, Myrtle V. Anderson, Matilda C. Bell, Genevieve C. Keough, Kathleen Minogue, Hanna G. O'Mara, Elizabeth H. Weinman, Madeline Wright, Evelyn Wood, Agnes Bolster, Mary H. Perry, Margaret Adams, Laura N. Kemper, Ida M. McClellan, Katherine Harrison, Etta Curtner. To U. S. Army Base Hospital, Camp Dodge, Herrold, Iowa: Alma T. Tuell, Anne C. Knott, Grace E. McMonagle, Irma A. Tuell, Isabell Butler, Martha R. Waterman, Bertha M. Thayer, Bess L. Petty, Mary D. Hansen, Lera B. Chrostopher, Stella M. Bilyen, Helen P. Nolan, Elizabeth Kalal, Sophia E. Beck, Ethel F. Bly, Ida Price, Agnes Rubish, Andy Aasen, Lydia A. Fousek, Mary E. Gregory, Mary A. Hutton, Minnie M. Hume, Mary M. Thomson, Ida J. Knutson, M. Louise Strohn. To U. S. Army Evacuation Hospital, Ellis Island, N. J.: Mary Bustard. To U. S. Army Post Hospital, Fort Ethan Allen, Vt.: Ella J. Michaels, Elizabeth J. MacLaren, Elizabeth M. Joyce, Esther H. Hansman. To U. S. Army Base Hospital, Camp Fremont, Palo Alto, Cal.: Kathryn McCallum, Ethel M. Burk, Margaret M. Lindsay, Ella M. Rice, Mabel J. Hendricks, Jeannette Shea. To the Aeronautical Supply Depot and Concentration Camp, Garden City, Long Island, N. Y.: Mabel A. Kester, Mary A. Donohue, Mary G. Lonerger, Blanche Carrigan, Margaret R. Brown, Vera M. Baltus, Helen D. Heffelfinger, Nettie L. Connor, Alberta M. McHale, Isobel M. Stokes, Margaret Sellers. To U. S. Army Base Hospital, Camp Grant, Rockford, Ill.: Ethel E. Roche, Cora E. Gillespie, Jessica A. Davis, Grace E. Hoffman, Viola E. Cole, Rebecca M. Pond, Loretta M. Powers, Marie Johnson, Florence P. Canavan, Mabel G. Wickland, Frances A. Starin, Lillie R. Greenberg, Caroline R. Steinwart, Mayme L. Wright, Agnes Anderson, Ella M. Bokhof, Elizabeth A. Diers. To U. S. Army Base Hospital, Camp Gordon, Chamblee, Ga.: Margaret Grube, Gertrude A. Switzer, Rebecca M. Glen, Catherine W. Scott, Mary McCloud, Frances J. Male, Marjorie DeRight, Clara M. Steele, Dorothy Quinn, Josephine Welch, Mabel E. Weiley, Elise E. Carlson, Sarah G. Bissell, Florence E. Birdsall, Bertha E. Avery, Mirian I. Crutch, Elizabeth L. Coleman, Hannah Turnquist, Margaret G. Tystad, Hattie I. Zeber, Mary S. Moore, Grace G. Murphy, Nell E. Elder, Madge L. Duncan, Jessie R. Bannister, Phyllis E. Clapp, Mary E. Colton, Bertie M. Signon, Harriet Hoak, Mary C. Foley, Selma T. Halberg, Margaret A. Higgins, Josephine M. Perrault, Mary K. Moore, Annabel E. Whitney, Grace Sanner, Netta J. Foltz, Sara A. Sutton, Ethel Moses, Bertha Hinderer, Anna M. Zornig, Bertha Pitser, Rhoda Sensenbaugh, Katherine

Shick, Margaret M. Tanrahan, Bessie Cottrell, Ethel M. Riegel, Grace White, Hallie L. Saylor, Clementian Johnston, Adelia J. Samson, Addie R. Richards, Cecelia R. Martin, Frankie Ludwick, Pearl Ludwick, Mabel M. Keller, Edith M. Hall, Mary Campbell, Helen Bassinger. To U. S. Army Base Hospital, Camp Greene, Charlotte, N. C.: Sarah P. Oppman, Harriet W. Eoff, Anna C. Ahlstrand, Margaret O'Connor, Joanna A. Coakley, Agnes Lee, Maud F. Mann, Josephine Pfister. To U. S. Army Base Hospital, Camp Hancock, Augusta, Ga.: S. Henrietta Myers, Marion G. Sledge, Margaret R. Garrett. To U. S. Army Base Hospital, Camp Jackson, Columbia, S. C.: Elizabeth McConaghie, Esther A. Rizzoli, Sara Bolen, Margaret A. Mahonay, Julia A. Cotter, Margaret C. Whyte, Clara E. Schuenke, Lillian Bowie, Catherine C. McLaughlin, Annie J. Thomas, Constance D. Bryson. To U. S. Army Post Hospital, Jefferson Barracks, Mo.: W. Eleanor Dittus. To U. S. Army Base Hospital, Camp Joseph E. Johnson, Jacksonville, Fla.: Hazel House, Margaret L. Bennett. To U. S. Army Base Hospital, Camp Kearney, California: Henri T. Layton, Marie Raasmussen, Elizabeth Mancha, Mignonette I. Dunn, Rose E. Rogers. To U. S. Army General Hospital, No. 9, Lakewood, N. J.: Selma B. Swanson, Kathleen Marksby, Margaret G. Brightbill, Jessie I. Sears, Millicent H. Lister, Grace Newton, Grace Loomis, Anna M. Zornig, Mary O'Brady, Elizabeth Cushing. To U. S. Army Base Hospital, Camp Lee, Petersburg, Va.: Elsie L. McCormick, Esther M. Mathews, Annie Somerville, Anna Gruel, Rachel Wood, Rebecca F. August, Cathlena A. Cooper, Hazel R. Wood, Elizabeth Hoy, Lola E. Cohea, Grace Falkinburg, Kate S. Halle, Alice J. Andrews, Lea L. Bowman, Frederica Wagner, Marguerite Hunter, Cora Wagner, Flora Robarge, Julia D. Riethmeier, Elsa Deutschbein, Anne Balderstoh, Mary M. Schmitt, Margaret E. Grames, Johanna Flynn, Edith M. Capp, Catherine Bihn, Helen Brennan, Geraldine M. Daly, Edith M. Harger, Magdalen C. Fisher, Fidelia E. Barber, Ellen E. Johnson, Carrie M. Johnson, Louise Raibourn, Anna Gerken, Elizabeth Melby, Sarah T. Leion, Helen Crane, Emma E. Brown, Helen C. Brown. To Letterman General Hospital, San Francisco, Cal.: Julia Martin, Marian F. O'Connor, Adelaide Lancureux, Gertrude Kuntz, Anna J. Schneider, Isobel M. Wilson, Mary Chamberland, Alice M. Doherty, Caroline F. Day, Charlotte S. Bordes, Ruth E. Johnson, Julia H. Ingersoll. To U. S. Army Base Hospital, Camp Lewis, American Lake, Wash.: J. Agnes Hayes, Mathilde Melby, Edith H. Charnley, Christianne Basse, Alice L. Swier, Sara A. McLaughlin, Ida M. Keene, Magdaline J. Forland, Annie Varsen. To U. S. Army Base Hospital, Camp Logan, Houston, Tex.: Lillian M. Callahan, Suda Jones, Mabel Christine, Ola M. Hobson, Anna G. Mays, Earle Wyser, Varla F. Rushing. To U. S. Army Post Hospital, Fort Logan, Col.: Fannie A. Shifrin. To U. S. Army Base Hospital, Camp MacArthur, Waco, Tex.: Lucy J. Anton, Genevieve Covelle, Grace McManis, Eva L. Walters, Mary Edythe Brown, Gertrude Peterson. To U. S. Army Base Hospital, Camp McClellan, Anniston, Ala.: Hannah E. Halliday, Carol Burns, Theresa Silkey, Grace McClelland, Adaline Sloan, Florence Bell, Esther Graney, Dorothy Nation, Mary E. Seynour, Mae L. Ball, Ethel S. Bush. To U. S. Army General Hospital No. 2, Fort McHenry, Md.: Anna K. Klein, Lena B. Price, Hazel A. Drumm, Frieda M. Auer. To U. S. Army General Hospital No. 6, Fort McPherson, Ga.: Mary C. Fuller, Roberta Johnson, Emma C. Maddux, Belle B. Smith, Maggie B. Britt. To U. S. Army General Hospital No. 17, Markleton, Pa.: Ruth E. Anderson. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Dora D. Dean, Grace N. Treat, Katherine E. Seth, Laverne A. Gearhart, Mabel Shipley, Mary F. Malin. To U. S. Army Embarkation Hospital, Camp Merritt, N. J.: Julia L. Dougher, Rose E. Gurdison, Fannie M. Goldberg, Ruby L. Martin, Fanny Myers. To U. S. Army Base Hospital, Camp Mills, Mineola, Long Island,

N. Y.: Martha Schfarer, Ruth L. Jordan, Zona M. Carruthers, Madeline Schweig, Bessie B. Mapes, Essie A. Harder, Estella R. Weltman, Mabel F. Selden, Mary L. McCollum, Lylla A. Jardine, Eva R. O'Rorke, Louise B. Azallion, Grace O. Brickley, Anna M. Keeler. To U. S. Army Post Hospital, Fort Moultrie, Charleston, S. C.: Lydia Jordan. To U. S. Army General Hospital No. 1, Williamsbridge Station, N. Y.: Lydia Wilson, Theresa Barry, Ella Blake, Eleanor I. Stack, Louise A. Mershon, Edith D. Bender, Elvina M. Schiferle, Mary I. Moran, Estelle A. Knapp, Doris Palmer. To U. S. Army General Hospital No. 14, Fort Oglethorpe, Ga.: Sallie V. Helms, Annie E. Colgan, Beatrice Cleary, Elizabeth P. Pitman, Ella J. Boyle, Maude E. McCullough, Catherine J. Ware, Sarah B. Sturges, Mary R. Favorite, Lou E. Wiggins, Zanle Stowe, Sylvia E. Martin, Kathleen Finlayson, Annie M. McDaniel, Helen C. Sturble, Edna M. Roach, Mae A. R. Sandt, Olive E. H. Lindholm, Bessie J. Paton, Mary M. McManus, Edith Beck, Edel M. Mayhew, Pearl E. Anderson, Margaret M. Roach, Lydia E. Rogers, Pearl M. Wilson, Nellie Bollinger, Mae Gochenour. To U. S. Army Post Hospital, Fort Omaha, Nebr.: Martha V. Thomas. To U. S. Army General Hospital No. 8, Otisville, N. Y.: Mary E. Warringer, Helfreid M. Jensen, Dorothy P. Smart, Elsie K. Becker, Alida M. Boulanger. To U. S. Army Base Hospital, Camp Pike, Little Rock, Ark.: Carrie L. Whitten, Effie W. Nesmith, Grace V. Bradley, Lydia C. Hutt, Alline Maxwelle, Mary C. Small, Beulah B. Marsh, Winifred Mulvaney, A. Louise Gaass, Mary D. Forbes, Carrie M. Henry, Bertha A. Thompson, Mary A. Strutzel, Katherine Small, Catherine L. Melia, Josephine A. Dolan, Mary J. Duval, Margaret M. Cariher, Mary A. Barnett, Eva J. Grayson, Estella M. McGill, Louise E. Scheibel, Emelia Eenoit. To U. S. Army Post Hospital, Post Field, Fort Sill, Okla.: Olive E. Mudge. To U. S. Army Post Hospital, Plattsburg Barracks, N. Y.: Margaret M. Richardsen. To U. S. Army Hospital, Richmond, Va.: Mary C. Freidhof. To U. S. Army Base Hospital, Fort Riley, Kan.: Helen E. Kilgariff, Signa Johnson, Agnes Lovland, Katherine Haverty, Elsie L. Henery. To U. S. Army Post Hospital, Rock Island Arsenal, Rock Island, Ill.: Jennie McIntosh. To U. S. Army Base Hospital, Fort Logan H. Roots, Little Rock, Ark.: Anne G. Henneberry, Harriet E. Aronson. To St. Mary's Hospital, Hoboken, N. J.: Carrie G. Gill, Ursula L. Kurtz, Lillian A. LaVallie, Gladys E. Gardner, Clothilde Blaise, Della Glenn, Helen R. Kjellberg, May Wray, Frances E. Simmers, Minnie L. Matheson, Beda M. Bergstrom, Florence M. Reed, Gertrude J. McGillicuddy, Annie G. Fix, Irene M. McGillicuddy, Lena R. Grampp, Anna F. Tighe, Helen S. Luomajoki, Harriet Williams, Gertrude M. Kipp, Elma L. Rathburn, Sophia K. Larson, Nellie L. Thurbon, Hilda J. Swanson, Marian G. McConnell, Elizabeth I. Fryer, Edyth L. Hausman, Alice K. Crossan, Mary B. Ballard, Clara B. Sikes, Helen M. Burris, Cecile Heintz, Edna E. Pye, Frances M. Williams, Ida P. Reavley, Margaret H. Kumpman, Helen M. Bortree, Bernadette Rock, Agnes Resch, Minnie E. Reid, Esther E. Wyatt, Orpha A. Wilt, Agnes M. Lynott, Agnes M. Hummer, Emma J. Crum, Rae O. Landy, Charlotte Pfeiffer, Eleanora Jaccard, Elizabeth Lotz, Wanda M. Miller, Mary A. Fike, Pearl O. Hayes. To U. S. Army Base Hospital No. 1, Fort Sam Houston, Tex.: Josephine Guly, Katherine G. Phelan, Margaret M. Ross, Thomine A. Tarpgaard, Pearl A. Le Huquet, Mary Cole, Ella B. Kjonggaard, Oda O. Phillip, S. Gertrude Lewis, Lettie D. Darrow. To U. S. Army Base Hospital, Camp Sevier, Greenville, S. C.: Mary C. McCarthy, Elizabeth F. Murray, Grace MacKinnon, Gerda F. Johnson, Anna B. Corling, Agnes P. Smith, Jessie C. Foster, Carolyn E. Roller, Mary E. Oland, Augusta M. Steidel, Sarah J. H. Haggerty, Ora A. Carl, Bertha G. Smith, Ella A. Day, Alice H. Corbin, Bertha M. Beeman, Mary M. Johnson, Ella M. Mautagh, Anna M. Groos, Rose E. Regan. To U. S. Army Base Hospital, Camp Shelby, Hattiesburg,

Miss.: Lillie M. Moore, Zylpha M. Thomas, Myrtle E. Stokes, Mary S. Williams, Alma A. Furr, Mildred L. Kelly, Lucy Sloan, Flora A. Shier, Josephine B. Neary, Anna I. Hedge. To U. S. Army Base Hospital, Camp Sheridan, Montgomery, Ala.: Jennie L. Booth, Mary L. Willy, Amelia M. Linn, Emma H. Cammerzell, Ruby Taylor, Margaret L. Luckey, Laura D. Norton, Martha E. Bair, Ruby Dickinson, Mary E. Perrin, Juanita Jones, Edna M. Halleran, Catherine V. Collins, Daisy Rhodes. To U. S. Army Post Hospital, Fort Sheridan, Ill.: Naomi Templin, Alice M. Sinclair, Lura L. Baker. To U. S. Army Base Hospital, Camp Sherman, Chillicothe, Ohio: Ruth Clegg, Ruth Metcalfe, Eva N. Johnson, Mary E. Lazear, M. Jestine Quinn, Cecilia Miller, Florence Lyon, Elizabeth Maher, Josephine Forbes, Elsie V. Fink, Estelle M. Best, Eva E. Berryman, Nellie V. Jamieson, Noemie Tachudy, Sarah E. Leak, F. Jane Stahl, Louise P. Overy, Nora A. Hall, Emma Buckworth, Margaret S. Smith, Wilhelmina E. Brodt, Ita R. McDonell, Geneva L. Nifong. To U. S. Army Post Hospital, Fort Snelling, Minn.: Axah E. Cook, Elizabeth Bartle, Goldie N. Travis, Mayme K. L'Zicar, Merle I. Stack, Hazel L. Murdock. To U. S. Army Embarkation Hospital, Camp Stuart, Newport News, Va.: Phoebe Sheppard. To U. S. Army Post Hospital, Taliaferro Field No. 1, Fort Worth, Tex.: Agnes G. Thielepape. To U. S. Army Base Hospital, Camp Taylor, Louisville, Ky.: Mary Benkert, Genevieve McNally, Harriet Ellis, Lydia A. Sinclair, Elsie L. Hughes, Esther E. Phillips, Ruth E. Phillips, Leona J. Friedly. To U. S. Army Base Hospital, Camp Travis, Fort Sam Houston, Tex.: Minnie Lister, Rose M. Thomas, Opal M. Goldsberry. To U. S. Army Base Hospital, Camp Upton, Yaphank, Long Island, N. Y.: Ruth Lindberg, Margaret Seeley, Lucile Kalb, Mary Pearce, Helen J. Benaut, Mary E. Murman, Zoe Watson, Alice Swanson, Eva M. Davis, Catherine Spicer, Sarah A. Marsh, Ragna Johannessen, Rose L. Rheinwalt, Jennie V. McGee, Elizabeth L. Nesbit, Florence L. Gerhart, Hazel W. Berto, Carrie M. Eisenhower, F. Mabel G. Bucks, Jean M. Robb, Mary E. Harris, A. Marie Roy, Ruth J. Ray, Anna V. Myer, Florence M. Myer, Jessena Larsen, Mary C. Berney, Veronica C. Dumont, Grace I. Perrine, Mattie E. Money, Marie C. Block, Mabel R. Skinner, Mary E. Palsgrove, Beatrice Byrne, Carolyn E. King, Julia C. Hanly, Marguerite B. Major, Helen B. Robertson, Eugenie M. Lehman, Mary E. Rothrock, Minna J. McDonald, Evelyn L. McMillan, Cael M. LaRue, Laura H. Bedour, Winifred E. Toole. To U. S. Army Post Hospital, Vancouver Barracks, Wash.: Reine Helder, Eleanor M. Allison, Lillian Glasscock. To U. S. Army Post Hospital, Camp Wadsworth, Spartanburg, S. C.: Ruth McCown, Marie Hanley, Isabella F. Neal, Leona E. Kraus, Mary E. Wyeth, Marguerite Fox, Nellie Moore, Rhoda N. Halbert, Katherine M. Babcock. To Walter Reed General Hospital, Takoma Park, D. C.: Mildred Benham, Eliza V. Dean, Mary A. Bartle, Ruth Maxwell, Fannie E. Woodbury, Emily C. Ransom, Cora J. Watson, Anna Pearce, Mabel Russell, Della DeLong, Mary B. Greenwell, Myrtle L. Pletcher, Neoma B. Whitmire, Ida Ladvala, Jennie Moores, Grace H. Bokelman, Ida E. Knowles. To U. S. Army Base Hospital, Camp Wheeler, Macon, Ga.: Rita Z. Jacquemain. To U. S. Army General Hospital No. 20, Whipple Barracks, Ariz.: Hazel Distin. To U. S. Army Post Hospital, Fort Wordan, Wash.: Mabel A. McElligott. To the American Expeditionary Forces (service in Europe): Josephine Kennedy. To U. S. Army Base Hospital No. 33 (service in Europe): Edith D. Bender. To U. S. Army Hospital No. 45 (service in Europe): Flora E. Martine. To U. S. Army Base Hospital No. 48 (service in Europe): Gertrude L. Wootton, Cora M. Hayes. To U. S. Army Base Hospital, No. 50 (service in Europe): Mabel Seaborn, Margaret A. McRae. To U. S. Army Base Hospital No. 102 (service in Europe): Sara M. F. Babb, Anna D. Howard, Maltie F. Howard, Louise I. Esola, Anna M. Duffy, Nellie B.

Maguire, Sarah H. Johnston, Rebecca C. Armstrong, Beulah B. Beard, Sister Valeria Dorn, Sister Lucia Dolan, Sister Angela Drendel, Sister M. Catherine Coleman, Sister Agatha Muldoon, Sister Chrysostom Moynahan, Sister Florence G. Means, Sister M. DeSales Loftus, Sister Mary D. Ingram.

Transfers.—To U. S. Army General Hospital No. 11, Cape May, N. J.: Elizabeth M. Hennessey, Susan Martine Cutter. To U. S. Army Base Hospital, Camp Devens, Ayer, Mass.: Grace I. Linscott. To Department Hospital, Honolulu, H. T.: Signe A. Bloom-Siggeson, Alice J. Tapping. To U. S. Army Base Hospital, Camp Meade, Admiral, Md.: Lulu G. Irwin. To U. S. Army General Hospital No. 1, New York, N. Y.: Ethel I. Reibold. To U. S. Army Base Hospital, Camp Pike, Little Rock, Ark.: May McVey. To U. S. Army General Hospital No. 7, Roland Park, Md.: Mabel L. Standiford, Elizabeth G. Kines. To U. S. Army Base Hospital, Camp Sheridan, Montgomery, Ala.: Sarah A. McCann, Flora E. Welbach. To U. S. Army General Hospital No. 18, Waynesville, N. C.: Frances J. Sherman, Ella M. Eeeks, Mabel P. Watson. To U. S. Army Base Hospital No. 7 (service in Europe): Grace L. Bartlett, Amelia Chadwick, Sophia T. Raport, Christina M. Russell. To U. S. Army Base Hospital No. 11 (service in Europe): Nellie F. Rabold. To U. S. Army Base Hospital No. 35 (service in Europe): Elizabeth L. MacFarland, Elizabeth Atkinson, Mary V. Blackberry, Ethel E. Cutter, Edna R. MacFarlane, Elsie Mills, Joan Rogerson, Grace A. Shattuck, Sarah A. Williamson, Grace F. Blake, Maud M. Deveraux, Alice M. Jones, Daisy Lemon, Margaret O'Neill, Anna Rohde, Helen M. Scott, Clara B. O'Shea, Zoe Watson, Alice T. Gayer, Lucena Lewis, Mary B. McCall, Mary A. Stevenson, Lucy L. Dougan, Avis M. Farley, Marion G. Gray, Frances Bee Hilts, Rosalie V. Hull, Josephine E. Jacobson, Priscilla J. Reece, Elsie F. Roper, Hazel R. Sass, Esther Amundson, Ethel Bradway, Blanche V. Carpenter, Mary A. Cochran, Eugenia L. David, Anna J. Downey, Marie L. P. Dufour, Sallie A. Gastel, Ellen L. Harrison, Helen S. Keppel, Emily L. Kruisenga, Cora Moulton, Mabel Porterfield, Sylvia R. Vanaseck, Mary D. Walters, Grace Williams, Ida M. Ambrose, Grace C. Broitenstein, Florence J. Foster, Alyce L. Larrieu, Signa E. Lindquist, Helen A. Parke, Almena L. Parker, Elizabeth W. Peterson, Ruth J. Riggs, Eleota V. Swetnam, Georgianna Bernard, May A. Joy, Irene VanZant, Georgia Smith, Laura M. McDowell, Margaret Morrissey, Beatrice Corriden, Mae A. Donovan, Mayme D. Hall, Ellen Jamfrey, Ruth P. Lewis, Helen Murray, Bessie M. Randell, Grace V. Ream, Verna M. Smith, Oneita Whichard, Lila W. Beem, Clara Corwin, Margaret E. Hartsock, Edith J. Hartzoll, Jane R. MacAfee, Lillian S. Ordway, Winifred C. Roper, Hattie M. Samson, Rebecca St. Clair, Rueha V. Williams, Cecil A. Bixler, Rosalie Ebaugh, Harriet E. Smith, Harriett English, Martha C. Shadwick, Mayme V. Karans, Elizabeth I. Lewis, Elizabeth C. MacDonald, Mary E. Taylor, Kathryn B. Miller, Etta Parker, Olga M. Renius, J. Agnes Hayes, Gertrude E. Ramsdell, Clarice F. DePaux. To U. S. Army Base Hospital No. 43 (service in Europe): Ida C. Barton. To U. S. Army Base Hospital No. 40 (service in Europe): Martha H. Davies. To U. S. Army Base Hospital No. 45 (service in Europe): C. Ruth Atkin, Ethel M. Cameron, A. Madge Driver, Irma Fortune, Pattie E. Hargrave, Hallie V. Inge, Lucy W. Jeffrey, Anna L. Jerdone, Emma Broadus, Sarah L. Coleman, Lulu West, Annie R. Cropper, Hattie J. Magness, Mattie Frank, Elizabeth M. Curtis, Frances D. Hays, Janet C. Hughes, May D. McLucas, Virginia E. Oakley, Lella E. Pollard, Anna T. Pope, Mabel L. Vaughan, Dora B. Haga, Mary E. Hickman, Anna P. Hiller, Bettie McDowell Robinson, Nora B. Sandford, Jessie E. Williams, Bessie M. Chapman, Martha S. Pigg, Ethlynde E. Smith, Wilhelmina C. Young, Frances F. Boyd, Julia L. Dougher, Josephine Gaffney, Josephine D. Means, Annie L. Wilkinson, Geraldine H. Masser, Fay Memory,

Edith E. Rothgeb, Edna B. Bishop, Helen M. Day, Louisa K. Mattin, Eva A. Pugh, Maria B. Robinson, Sarah M. Tilton, Argyle T. Tutwiler, Jean L. Wilkinson, Lurie E. Wood, Annie H. Allan, Margaret V. Ashton, Mary M. Broadbudd, Mabel J. Campbell, Marie R. Leiby, Garfield Leech, Ellie C. Nelson, Hettie Reinhardt, Louise Reinhardt, Powhatan Stone, Corinne M. Bell, Anne V. Bennett, Carrie M. Copenhaver, Josephine G. Dennon, Emily G. Friend, Ruth Taylor, Bertha T. Johnson, Mary H. King, Mabel S. Miller, Ruby C. Pannal, Nannie B. Quarion, Emma C. Breckenridge, Annie Y. Gwyn, Ruth Middlebrooks, Juliet Montgomery, Beulah F. Robinson, Marion E. Williamson, Bettie J. Wingfield, Celia E. Brian, Dora C. Carothers, Adah Carpening, Adelaide Levi, Agnes T. Lynch, Erma G. Morrison, Martha C. Bowman, Laura A. Reed, H. Eunice Bell, Bertha L. Edwards, Pearl T. Ellis, Leona J. Huffman, Helen C. Moore, Minnie B. Parker, Polly W. Smith, Mary F. Spencer, Ivy L. Thomasson, Wilhelmina P. Barnes, Jane A. Eckles, Katherine Miller, Mattie O. Poe. To U. S. Army Base Hospital No. 48 (service in Europe): Jessie A. MacKay, Mary F. Baines, Eunice S. Baines, Edith M. Brennan, Sophie M. Bruynje, Augusta Ann Doherty, Mary E. Donnelly, Eva L. Faucett, Caroline L. Goetchius, Camille Harkin, Alice L. Johnson, Olive LeGassick, Levina M. Smith, Elizabeth Tessiatore, Mary E. Arthur, Mildred A. Benham, Helen M. Chadwick, Williamina Chalmers, Margaret Peloubet, Grace Alice Shinn, Elizabeth F. Warren, Margaret A. McGrady, Mabel M. Heldeman, Edna L. Hartzel, Cora M. Hayes, Lillian M. Hitchcock, Jennie E. Jones, Mary A. Johnston, Anna H. McCarthy, Nellie Marye Royer, Irene R. Steinberg, Leah F. Sweet, Lillian Taylor, Laura L. Wakeman, Gertrude L. Wootton, Juliette C. Gibson, Jane Goodall, Kate M. Hetrick, Nina Highland, Emmie L. Jenkins, Martha Kingsbury, Harriet A. Langwig, Shennie R. Lewis, Ruth P. Lindeburg, Mary J. MaGee, Blanche M. Parsons, Margaret W. Worth, Ethel M. Ferguson, Lucy M. Harper, Rose Helen Nolan, Grace A. Penberthy, Mary E. Silas, Bertha Baildon, Marguerite Brokaw, Vera E. Jacques, Gladys M. Livingston, Hazel H. Loseff, Loretta MacDonald, Jane McElroy, Elsie C. Street, Mary L. Line, Gertrude I. Reid, Gertrude E. Copeland, Esther R. Entriken, Rachel L. Mease, Dorothea Moir, Carrie I. Morehead, Adele L. Martyne, Mollie C. Pifer, Bertha E. Yerton, Lucy W. Acatterbood, Margaret A. Shannon, Anne M. C. Breen, Frances Bruton, M. Emma Charlton, Marion M. Cook, Anne E. Driscoll, Kathleen Driscoll, Nina M. Felker, Annie M. Gray, Marion L. J. Page, Margaret D. Tovey, Lulu B. Wolfe, Sophie Zdankiewicz, Annie M. Donahue, Jane F. Dwyer, Agnes L. Foley, Sarah M. Guss, Maidie E. Hayden, Marian Keating, Eva J. Leveque, Isabella Loughrey, Sarah MacArthur, Mary T. MacDonald, Jane K. Spore, Elizabeth H. Weimann, Margaret Himmelberger, Nellie E. Martin. To U. S. Army Base Hospital No. 49 (service in Europe): Clara Crouse, Lillian Albrecht, Sadie L. Anderson, Beatrice E. Arthur, Victoria B. Beachly, Mabel Ekstrom, Nellie H. McKinnon, Martha Nicholson, May B. Wagner, Alice M. Bixby, Josephine C. Braun, Margaret F. Conway, Eva L. Crowell, May Elliott, Huldah D. Johnson, Selma M. Martin, Mollie O'Malley, Martina C. Thode, Hedwig Weller, Besse M. Anson, Mabel Blomberg, Mary Chalmers, Mildred Chapin, Nell E. Hawk, Ellen Marie Johnson, Pearle Meiklejohn, Elizabeth Pugh, Eva Rogers, Grace E. Wilkinson, Katherine B. Andrews, Clare Baker, Edith Banwell, Minnie K. Braun, Mildred I. Brown, Josephine Chamberlain, Florence E. Edgcumbe, Mary J. Marshall, Ethel Murray, Lilly-Olsen, Elfrieda L. Seeck, Anna I. Sheibley, S. Julia Shepard, Jessie Smith, Minnie M. Sullivan, Dorothy Wooster, Ethel M. Wright, Anna Amgwert, Ida A. Brecks, Pearl R. Culp, Irene M. Ellison, Margaret E. Oliver, Emily A. Johnson, Lillian R. Johnson, E. Georgia Kavon, Gertrude B. McRae, Emma M. Duguay, Mary A. McKay, Orma A. Schreiber, Viva E. Westerdahl, Thyra L.

Brandt, Edith M. Brannian, Harriet M. Brenenstall, Albetta E. Dill, Carolyn A. Glammeier, Sarah E. Jamison, Carrie M. Kollé, Pearl W. Larson, Mayo G. Morissette, Esther E. Quist, Lelia E. Batie, Ethel M. Sconce, Connie Windmeyer, Irene L. Wishart, Florence M. Albrecht, Cecile R. Champney, Juliet E. Cherry, Edna C. Dickinson, Emma H. Rudat, Elizabeth H. Sandman, Alma L. Schurmann, Nellie H. Smart, Emma Blome, Marie Budler, Myrtle H. Hamerlund, Bess Polansky, Martha C. Doege, Martha Krausnick, Hildegard M. Lindstedt, Maybelle Lippincott, Mildred M. MacLaughlin, Lillian M. Mang, Anna C. Nasstrom, Anna L. Rogensees, Zella A. Smith, Evangelyne E. D. Vance, Hilda C. Fleetwood, Emma L. Switsak, Elizabeth Kalal, Anna May Conley. To U. S. Army Base Hospital No. 50 (service in Europe): Minnie M. Calkins, May Sheedy, Katherine M. Walsh, Agnes Anderson, Magdelene J. Forland, Gertrude Holmes, Minnie Andrews, Maida E. Beals, Helen E. Beeler, Martha M. Bloom, Linda M. Coleman, Clara M. Cramer, Hazel A. Gourley, Lillian E. Jones, Anna B. Lee, Elizabeth McConaghy, Lillian MacMillian, Ethel MacNaughton, Rose M. Moran, Sowitza Nicholas, Mollie O'Brien, Margaret J. Robison, Irene M. Wilkinson, Julia A. But-ton, Della C. Giffin, Emelie Gonnason, Elizabeth C. Johnson, Agnette Larson, Ada Merrifield, Margaret E. Murphy, Edith B. Smith, Roxy W. Stayton, Rachel A. Wightman, Marie C. Chandler, Maude V. Clements, Grace B. Dye, Jennie Enger, Cora E. Gillespie, Juanita A. Harden, Lillian J. Johnston, Karen M. Lauridsen, Alma Lighthall, M. Bernadine Moran, Eleanor B. Murphy, Dorothy A. Preston, Matilda S. Rasmussen, Ethel Roche, Emma L. Rutz, Vivien M. Simpkins, Alexandria C. Walker, Rose Eilmann, Anna J. Johnson, Katherine M. MacMillan, Bertha Thulon, Huldah Cooke, Claire L. Nelson, Olive Osborne, Celia K. Robb, Evelyn Wood, Anne C. Knott, Grace E. McMonagle, Bess I. Petty, Irma A. Tuell, Hazel G. L. Smith, Bertha M. Thayer, Alma T. Tuell, Edith Borkman, Ruth Clegg, Marie A. Delaware, Eva M. Johnson, Catherine M. King, Anna C. Long, Marion Lord, Amanda Needles, Aime O'Keefe, Ruth E. Metcalfe, Clara O. Sassee, Maude S. Yerkes, Tyra J. Cedergren, Mazel Davis, Florence Dench, Mary F. Herbert, Myrtle A. Johnston, Theresa M. Langer, Leslie G. Lettrick, Mary E. McKay, Olive St. Cyr, Josephine E. Warner, Allie Enger, Leah E. Gamble, Edna M. Mason, Bernice L. Thomson, Gertrude E. Morris, Alice H. Rien, Florence M. Rutt. To U. S. Army Base Hospital No. 51 (service in Europe): Alice Robinson, Mabel M. Schoenemann, Gladys Cavender, Mary S. Stumpf, Henoria J. Walsh, Eleanore M. Hessler, Melissa A. Herrick, Irene Jordan, Agnes M. Krinbring, Sophia Lovsted, Charlotte M. Manson, Mary M. Schultz, Frida G. Wall, Cora Alderton, Emily I. Elliott, Catherine M. Grady, Helen C. Houser, Lilla G. Work, Florence M. Kopp, Susan H. Patrick, Helen E. Snyder, Bethene Wake, Ada Adcock, Evelyn Carrier, Esther M. Carlson, Ethel M. Cardwell, Harriet H. Campbell, Ada L. Corkhill, Cassie A. Ayers, Margaret Greig, Georgina Durant, Eliza Orvis. To U. S. Army Base Hospital No. 52 (service in Europe): Margaret McCoy, Mary E. McDonald, Isabel Zota Rooney, Marie A. Tomasin. To U. S. Army Base Hospital No. 102 (service in Europe): Ernestine L. Bargas, Katherine E. Heaney, Margaret M. McCullin, Elizabeth H. Morgan, Pauline Schunk, Mae Gorman, Helen M. Collins. To U. S. Army Base Hospital No. 115 (service in Europe): Katherine Kerr, Edith L. Muir, Mary W. Baldwin, Frances E. Bartlett, Edith C. Beard, Mabel A. Brust, Adelaide W. Campbell, Bess L. Clough, Daisy M. Connor, Genevieve Dahy, Sara Louise Floyd, Mary J. Fraser, Eugenie French, Edna L. Fussell, Eva I. Hedges, Violet H. Hodgson, Agnes A. Johnson, Charlotte E. Johnson, Kathrine Jordan, Mary Kalber, Margaret M. Leary, Edith M. Moreton, Elizabeth Ormand, Grace L. Shaffer, Alma F. Sidelinger, Virginia E. Stover, Ingrid H. Wester, Ethel A. Wilbur, Grace G. Engleman, Emily Fellows, Mabel C. Green, Sydney Hall, Frances

T. Hanington, Helen K. Lester, Elizabeth Lewis, Mary Lewis, Anastasia A. McConnell, Sylvia Patterson, Frances M. Rouillon, Carrie Shay, Pearl H. Stewart, Gertrude Blackmore, Clarice F. DePauw, Marie Dresser, Anna G. Hayes, Fannie M. Koch, M. Cydna Sheldon, Amanda H. Yates, Grace M. Anderson, Ida A. Brown, Grace A. Burrow, Pearl K. Hustin, Fern Judge, Annabel Rutherford, Cassie January, Augusta C. Dane, Mary C. Hanley, Harriet L. Foss, Kathryn Tuthill, Adelaide I. Coyne, Gertrude J. Hewitt, Anna Frances Shanahan, Mathilde Anderson, Clara K. Crews, Esther D. LeMan, D. Louise Toy.

Relief.—Reserve nurses, Army Nurse Corps, relieved from active service in the military establishment: Fannie B. Adams, Alice D. Agnew, Elise Holcombe Bolling, Jennie Lee Booth Edith I. Bosworth, Lydia Bragstad, Mary M. L. Centlon, Anita B. Casselbury, Fannie M. Cox, Emma A. Ehrhart, Della A. Fergus, Florence Valentine Gardner, Kathryn S. Gruber, Barbara Hazel, Elizabeth Haviland, Ruth Helliwell, Fae Virginia Hicks, Amelia L. Huxsol, Marie Jordan, Louise Jones, Mary E. Keegan, Jean Kynoch, Susan K. Lane, Mabel Helen Lewis, Viola T. Lorch, Mary F. McElin, Genevieve P. McCrary, Alice Dorothy Cogan Morse, Anna E. Porter, Ella M. Robinson, Mary E. Robinson, Margaret E. Scott, Mary Agnes Shea, Ida Olive Suchey.

HONOR ROLL

Died in the Service of Her Country

Helga J. Ophaug

July 1, 1918

United States

DORA E. THOMPSON,
Superintendent, Army Nurse Corps.

Canada.—THE CANADIAN NATIONAL ASSOCIATION OF TRAINED NURSES at its recent convention elected the following officers: President, Jean Gunn, Toronto; vice presidents, Grace Fairley, Montreal, and Mabel Gray, Winnipeg; secretary, E. Johns, Children's Hospital, Winnipeg; treasurer, Miss Davidson, Montreal.

District of Columbia.—THE GRADUATE NURSES' ASSOCIATION at its recent annual meeting adopted a formal resolution which was sent to the 145 members in the service of the Army, the Navy and the Red Cross, expressing its appreciation of the large number that has responded to the country's call for nurses. A service flag, the gift of Miss Kibler and Miss Fox, was presented, with 145 stars surrounding one gold star.

Florida.—AT THE STATE BOARD EXAMINATION in June there were 46 candidates, 42 of whom passed.

Idaho.—THE IDAHO STATE ASSOCIATION OF GRADUATE NURSES at its annual meeting in March elected these officers: President, Mrs. J. M. Taylor, Boise; vice presidents, Elizabeth McDonough, Mrs. G. Cragin; secretary and treasurer, Esther M. Johnson, St. Luke's Hospital, Boise. A committee was appointed to revise the constitution to conform to that of the national association, and plans for Red Cross work were discussed at length.

Illinois: Chicago.—THE ILLINOIS TRAINING SCHOOL FOR NURSES graduated a class of fifty-four on May 28, fifty-one of whom are ready to enlist in Red Cross service. THE FIRST DISTRICT met on June 18 at the Nurses' Club when papers were read by Anne Ambridge, Mary C. Wheeler and Minnie H. Ahrens. THE SCHOOL OF CIVICS AND PHILANTHROPY recently granted certificates to fourteen nurses. BERTHA L. KNAPP, superintendent of Wesley Hospital School of Nursing, has resigned from the Illinois State Committee of Nurse Examiners. Miss Knapp was chairman of the committee.

Indiana: Fort Wayne.—HOPE HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in May, electing the following officers: President, Miss Barber; vice president, Dessie Kelsey; secretary, Elizabeth E. Wilkinson; treasurer, Laura Kreigh. It was voted to increase the amount in the sick benefit fund to \$1000, and put the full amount into Liberty Bonds, each nurse agreeing to pay her own sick allowance during the war. The Association has a membership of 55,—40 of them enrolled Red Cross nurses, 27 in active service, and one who has given her life for the cause. The Association feels keenly the loss sustained in the disbanding of Hope Hospital and formally resolved to keep their alumnae association unbroken, to maintain the standards of the school and to keep its name above reproach.

Iowa: Iowa City.—LOUIE CROFT BOYD of Colorado has been instructing the students in the special nursing-preparatory summer course. **Anamosa.**—MERCY HOSPITAL ALUMNAE held their annual meeting and banquet on June 13, when the following officers were elected: President, Gertrude McDonnell; vice president, Kathryn Hay; secretary, Rose Weiss; treasurer, Sue Sullivan. Each member promised to give the income of one day for Red Cross work. \$50 was given to the Red Cross, a flag pole and flag were given to the hospital, and a service flag was donated by Mrs. Whitney. **Des Moines.**—AMY SCHOLBERG has resigned from the Iowa Lutheran Hospital to enter Red Cross work. NETTIE BROCK has resigned from the Iowa Methodist Hospital and will later enter Red Cross work. Faith Ankeney has resigned from her position in the same hospital. **Boone.**—ANNIE C. GOODALE, a graduate of St. Luke's, Cedar Rapids, is superintendent of the Eleanor Moore Memorial Hospital. **Davenport.**—MARTHA OAKES has resigned from St. Luke's Hospital.

Kentucky: Lexington.—THE GOOD SAMARITAN HOSPITAL has received from the alumnae association a service flag with twenty-six stars. **Louisville.**—THE ALUMNAE ASSOCIATION OF THE JOHN N. NORTON INFIRMARY at its annual meeting, June 19, elected the following officers: President, Jane A. Hambleton; vice president, Mary F. Coady; secretary, Emma Isaacs; treasurer, Millie Loewenstein; auditor, Margaret Mann.

Louisiana: New Orleans.—CHARITY HOSPITAL has the honor of having been the first to organize and equip a unit assigned to Italy. The Sisters of Charity are in charge of the unit of 1000 beds. The nurses' infirmary at Charity Hospital has been renovated and made attractive. Dorothy Machauer has been chosen as secretary of the alumnae association.

Maryland.—THE MARYLAND STATE BOARD OF EXAMINERS will hold an examination for state registration during the third week in October, 1918. All applications must be filed with the secretary by September 10, 1918. Mary Cary Packard, Secretary, 1211 Cathedral Street, Baltimore.

Massachusetts.—THE MASSACHUSETTS BOARD OF REGISTRATION OF NURSES will hold an examination for applicants for registration on Tuesday and Wednesday, October 8 and 9, 1918, at Boston, Mass. Application for any examination must be filed at least five days before the examination date. Walter P. Bowers, M.D., Secretary. **Boston.**—THE MASSACHUSETTS STATE NURSES' ASSOCIATION held a mass meeting and rally in Faneuil Hall on June 19 for the purpose of recruiting nurses for the Army and Navy Hospitals and pupils for training schools. The Governor of the Commonwealth and the Mayor of the city were among those present, pupils from the various training schools were in uniform. Dr. Laura A. C. Hughes presided; Anne H. Strong acted as recruiting officer. The results surprised even the most optimistic. Between 600 and 700 young women have signed up for training at the official recruiting station at the Massachusetts

General Hospital, in charge of Elizabeth Hogle. The Mayor has offered to the Secretary of War the use of the West Department of the Boston City Hospital in West Roxbury. It was intended for children and has just been completed. It will accommodate 250 wounded soldiers and sailors. Adelaide Turner, who has been for five years registrar of the Central Directory, has been appointed assistant to Miss Ross, Division Director for the Red Cross Nursing Service. Lucetta J. Gross succeeds her as registrar. Norwood.—THE HEALTH CENTRE has started a six months' course for attendants, four having entered. They will work under the direction of the Health Centre after graduation. Melrose.—MELROSE HOSPITAL graduated nine nurses on June 18, the address being given by L. E. Fisk, a former graduate. Camp Devens.—THE ARMY SCHOOL opened the latter part of July with 30 students for whom four new buildings are being constructed. Miss Riddle is in charge, Annabella McCrea is instructor, and Bertha F. Strong, physical and social director. Framingham.—THE GRADUATE NURSES' ASSOCIATION OF THE FRAMINGHAM HOSPITAL TRAINING SCHOOL has had regular monthly meetings during the year, which have been rather well attended. In January, the Association held a dancing party, from which about \$180 was realized for the Red Cross. At the April meeting, Elizabeth Ross spoke. At the reopening on May 10 of Day Memorial Hall, the nurses' home which was burned in the winter, the Stars and Stripes and a service flag were unfurled. Mary Abel, educational supervisor of the Framingham Community Service, at the June meeting, told of the work and aims of the Framingham Tubercular Demonstration. The officers of the alumnae association, which has recently been affiliated with the Massachusetts State Association, are: President, Mrs. David Latin Clinton; vice president, Clara Marston, Cochituate; secretary, Winifred MacCormick; treasurer, Mrs. Hazel Blades. Worcester.—MEMORIAL HOSPITAL graduated a class of twenty nurses on June 29. Doctor L. C. Miller presented a service flag, bearing fourteen stars.

Michigan.—THE MICHIGAN STATE LEAGUE OF NURSING EDUCATION held its annual meeting in Bay City on May 21-23. Officers elected were: President, Fantine C. Pemberton, Ann Arbor; vice president, Mrs. Lystra E. Gretter, Detroit; secretary, Elba L. Morse, Ann Arbor; treasurer, Anna M. Coleman, Lansing. THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold an examination at Lansing on September 24 and 25. Detroit.—GRACE HOSPITAL ALUMNAE ASSOCIATION has eighteen nurses serving in France and twenty-two in camps in this country. The Association has presented a service flag to the training school. Ann Arbor.—THE UNIVERSITY OF MICHIGAN, on June 27, for the first time, included the twenty-four senior nurses from the University of Michigan Training School in the general commencement of the university. This marks an important period for the training school, as there has been a gradual change in its educational status until now the entrance requirements are the same as for admission to the College of Literature, Science and the Arts and the Registrar of the university determines the eligibility of all candidates.

Minnesota: Minneapolis.—THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold the next regular examination for registration of nurses, October 4 and 5, 1918, the first Friday and Saturday. Lydia H. Keller, Secretary, 803 Lowry Building, St. Paul. THE SWEDISH HOSPITAL ALUMNAE met on July 16 and gave a farewell reception to three members entering army service. Ten recent graduates were admitted. The association decided to adopt a war orphan. Winona.—EDITH WELLES has assumed the position of superintendent of nurses of the Winona General Hospital. The entire graduating class has taken out papers for enrollment in the Red Cross.

New Hampshire.—THE GRADUATE NURSES' ASSOCIATION OF NEW HAMPSHIRE held its annual meeting on June 12 at Pembroke Sanatorium, Pembroke. Anna C. Lockerby explained the object of the Furlough House Fund and a liberal amount was subscribed for it. Miss Lockerby has recently resigned her position at Laconia Hospital for overseas duty. The following officers were elected: President, Ida A. Nutter, Franklin; vice president, Mrs. Harriett B. Webber, Manchester; secretary and treasurer, Mrs. Florence M. Knowles, Franklin Hospital, Franklin; corresponding secretary, Margaret Carroll, Manchester. President Examining Board, Henrietta B. Chisholm, Exeter; secretary, Ednah Cameron Concord.

New Jersey: Montclair.—MOUNTAINSIDE HOSPITAL graduated a class of twelve nurses in May. Hackensack.—HACKENSACK HOSPITAL graduated a class on June 7, with an address by Rev. Robert Blickensderfer. Dorothea H. Peters won the alumnae prize of \$25. Passaic.—GRACE M. CARMICHAEL has resigned her position at the Passaic General Hospital.

New York.—THE NEW YORK STATE NURSES' ASSOCIATION will meet at the Powers Hotel, Rochester, on October 22, 23 and 24. The first day will be occupied by meetings of the League and of the Public Health Nurses, but it is hoped that all members can attend for the three days. Other hotels recommended are the Hotel Seneca and the Hotel Rochester. An interesting programme will be given, including a discussion of the problems of reorganization by Sarah E. Sly of Michigan, chairman of the Committee on Revision of the American Nurses' Association. Adda Eldredge, the Interstate Secretary, will also be a guest of the Association. New York City.—A MASS MEETING was held at Carnegie Hall in June, in connection with the Red Cross drive. The body of the hall was filled with senior nurses in uniform from all the training schools; the superintendents in white filled the boxes. Addresses were made by Dr. Vincent of the Rockefeller Foundation, Colonel Winford Smith, Jane A. Delano and Annie W. Goodrich. A wonderful ovation was accorded Miss Goodrich by the nurses of the city where she worked for so long. THE GERMAN HOSPITAL has changed its name to the Lenox Hill Hospital. The alumnae association has a service flag with fifty-two stars. Rochester.—THE ROCHESTER STATE HOSPITAL SCHOOL graduated a class of 17 on June 28. Dr. Arthur W. Hurd gave the address. Clifton Springs.—THE CLIFTON SPRINGS SANITARIUM held commencement exercises for the senior nurses on June 6 with an address by Dr. Malcolm Woodbury. The alumnae reunion took place on the evening of the 7th, the money usually spent for a banquet was given to the Young Men's Christian Association. Buffalo.—THE ALUMNAE ASSOCIATION OF THE HOSPITAL OF THE SISTERS OF CHARITY held a meeting on June 11, at which enthusiastic speakers urged the nurses to join the Red Cross Nursing Service. As a result, ten graduates enrolled and nine pupil nurses volunteered for enlistment as soon as their course is completed. Lockport.—THE LOCKPORT CITY HOSPITAL held graduating exercises for four nurses on June 19, with an address by Rev. Mr. Zwicker. An alumnae association was formed last January with these officers: President, Edith Moore; vice president, Eva Tompkins; secretary, Agnes Rieger; treasurer, Grace McCulloch. The association's first investment was in Liberty Bonds. Nettie McMillan, former superintendent, is in Army service, her successor being Mrs. Julia Ebendick. Anna Livermore is assistant superintendent; Jennie Cramer, night supervisor. There are sixteen student nurses. At present the hospital has a capacity of 45, but a wing will be opened in the spring for maternity and children's wards. Two graduates are in their country's service.

North Carolina.—THE NORTH CAROLINA STATE NURSES' ASSOCIATION held its

sixteenth annual meeting in Kingston, June 4-7, at the Hotel Caswell. At the opening evening session the principal address was by Dr. James M. Parrott. On the 5th the morning was occupied with business, the afternoon by a Red Cross session with an address by Louise Hazelhurst, assistant to Jane Van de Vrede, who had been expected but could not be present. Other papers were: Instructors' Course, Mary L. Wyche; One Year's Experience in a Cantonment Hospital, Mrs. Dorothy Hayden; First Aid, Miss R. M. Ehrenfeld; moving pictures of a public health Red Cross nurse. In the evening the members were entertained by the Chamber of Commerce. On the 6th, the morning was occupied by round tables and business; the afternoon, by the meetings of the Public Health Section, ending with an automobile ride; the evening was given to round tables. On the 7th, there were reports and business, and in the afternoon, a programme by the hospital superintendents. Service flags from the hospitals and local associations were displayed. The nurses of Fayetteville presented the Association with a beautiful service flag with 115 stars. The whole theme of the meeting was Red Cross Service. The public health session was most interesting and instructive. The hospital superintendents formed a League of Nursing Education with E. A. Kelly, superintendent of Highsmith Hospital, Fayetteville, as chairman. Edith Redwine, superintendent of Merriweather Hospital, Asheville, was appointed Training School Inspector. The constitution and by-laws were revised by the Ways and Means Committee, Birdie Dunn, chairman. The Nurse Committee working with the State Women's Committee of National Defense is composed of: Birdie Dunn, chairman; Edith Redwine, Blanche Stafford. The officers for the year are: President, L. Eugenia Henderson; vice presidents, M. L. Wyche, Ella MacNichols; secretary, Blanche Stafford; treasurer, E. A. Kelly; directors, Edith Redwine, Jane Brown, M. P. Allen, Mrs. Claude Barbee. A number of social courtesies were extended by the people of Kinston. The meeting was well attended by a body of nurses who are anxious and ready to serve their country in its time of need. The meeting will be held in Asheville next year.

Ohio: Columbus.—MT. CARMEL HOSPITAL graduated a class of twenty-five nurses on May 25.

Oklahoma: Oklahoma City.—DISTRICT ASSOCIATION NO. 1 of the State Association met on June 6 at Belle Isle and omitting the usual business held a rally for the enrollment of nurses in the Red Cross. Fifty nurses who were having state examinations were invited to attend. Supper was served to one hundred and fifty, after which talks were given by Major Cowden of Fort Sill, two nurses from the same camp, Lieutenant Patrick O'Brien, Mr. Harrison of the *Daily Oklahoma*, and Dr. Allison of St. Louis. Many responded to the invitation to enroll for service.

Oregon.—THE OREGON STATE GRADUATE NURSES' ASSOCIATION held its annual meeting at the Nurses' Home, Good Samaritan Hospital, Portland, on June 26. The meeting was well attended, and much interest shown in the matter of the state reorganization and other business. Reports of the national convention were given by Mrs. O. E. Osborne, delegate of the Examining Board, and Mary C. Campbell, the association delegate. A dinner at the Portland Hotel followed the afternoon session, with May Loomis, Director, Bureau of Nursing, Northwestern Division, American Red Cross, as guest of honor. The evening session at 8 o'clock, at the Central Library, was devoted to the discussion of the Red Cross Nursing Service, Miss Loomis being the speaker of the evening. An instructive discussion followed her address. Emily Loveridge, superintendent of the Good Samaritan Hospital, spoke on the value of the service of the Home Defense nurses, from the superintendent's standpoint. Forty-two Home Defense nurses

are already enrolled and at work in the city of Portland. The following officers were elected for the coming year: President, Mrs. Thomas D. Honeyman; vice presidents, Louise Rourke, Mrs. Carl Jackson; secretary, Mary C. Campbell; treasurer, Stella Smith. Jane B. Doyle, ex-president, is at present in France with Base Hospital 114. Grace Phelps, ex-vice president, is Chief Nurse of Base Hospital 46, recently arrived in France. THE NURSES' EXAMINING BOARD will hold an examination for the registration of nurses in the Central Library, Portland, September 3rd and 4th. THE COUNTY GRADUATE NURSES' ASSOCIATION has adopted two French war orphans.

Pennsylvania: Philadelphia.—THE ALUMNAE ASSOCIATION OF HAHNEMANN HOSPITAL held a meeting on June 4, at which Helen Greaney and Miss Murray spoke, urging the immediate revision of the by-laws. The following officers were chosen: President, Margaret Anderson; vice presidents, Eva J. Hood, Emily Rommel; secretary, Mrs. Paul T. Brown; treasurer, J. Emilie Kemp; directors, Helen B. Adams, Elizabeth Moore, Davinia Thomson; president Beneficial Association, Helen B. Adams. THE ALUMNAE ASSOCIATION OF ST. CHRISTOPHER'S HOSPITAL held its annual meeting on June 3, with an address by Sara M. Murray, Educational Director of the state. The following were elected: President, Mary M. Krauss; vice presidents, Hazel M. Lewis, Gertrude Blaitz; secretary, Marion H. Hardiman; treasurer, Liliac MacKay. **Altoona.**—THE ALTOONA HOSPITAL NURSES' ALUMNAE ASSOCIATION held a banquet and reception for the graduating class on June 11, thirty-five members being present, including the fourteen graduates. The service flag of the association, containing eight stars, was displayed. Mrs. William Grindall, president of the association, gave an interesting talk on the subject of the service flag. **Kirkwood.**—MARY M. ROGERS has accepted a position in charge of a missionary hospital at Madura, India. **Johnstown.**—MERCY HOSPITAL held graduating exercises for a class of four on June 5, when addresses were given by the Very Rev. John Doyle, D.D., and Dr. John T. Sagerson. The Alumnae Association held its annual meeting the next day and received the graduates as members. The following officers were chosen: President, L. Mildred Eberly; vice president, Elizabeth Benchle; recording secretary, Viola McGuire; corresponding secretary, Grace Beigle; treasurer, Mary Koontz.

Virgin Islands: Christianstedt, St. Croix.—IN THE RECENT RED CROSS PARADE, Miss Crumbaugh and Miss Hickey of the Naval nursing force represented the Red Cross Nursing Service. This parade was the greatest of the kind ever held in our possessions and it was watched with a great deal of interest by the natives who turned out in full force. These American nurses are doing a great work on the island and although not connected with the Naval Dispensary, they have charge of the Communal Hospital for the natives.

Wisconsin.—THE COMMITTEE OF REGISTERED NURSES will hold an examination for state registration September 18-19, 1918, in Milwaukee, and also on the same dates in La Crosse. For further information write to Anna J. Haswell, Secretary of the Committee of Examiners, 1610 Jefferson Street, Madison, Wis. 151 nurses were examined for registration June 18-19, 1918 in Milwaukee, 123 passed in all subjects and have been granted certificates.

BIRTHS

On May 3, at Madison, Fla., a son, to Dr. and Mrs. George O. Davis. Mrs. Davis was Elida Bergstrom, class of 1914, Halcyon Sanatorium, Tampa, and post graduate of Boston Grating Hospital.

On May 10, at Clifton Springs, N. Y., a son, Edmund Billings, to Mr. and

Mrs. Edmund Crandall. Mrs. Crandall was Miss Billings of the Clifton Springs Sanatorium Training School.

On June 4, a daughter, to Mr. and Mrs. Walter B. Lavelle. Mrs. Lavelle was Lillian J. McCloud, class of 1910, Presbyterian Hospital, Philadelphia.

On May 8, a daughter, to Mr. and Mrs. Walter A. McIlhatton. Mrs. McIlhatton was Gertrude Patrician, class of 1912, Presbyterian Hospital, Philadelphia.

On March 30, at Riverton, Iowa, a son, to Mr. and Mrs. Frank Snapp. Mrs. Snapp was Mae Wahkyra, class of 1915, University Hospital, Chicago, Ill.

On July 11, at Nowata, Oklahoma, a daughter, to Mr. and Mrs. E. P. Lowrey. Mrs. Lowrey was Lenora Poole, graduate of Sparks Memorial Hospital, Fort Smith, Arkansas.

On July 2, at Oklahoma City, a son, to Mr. and Mrs. R. D. Doty. Mrs. Doty was Blanche Whitwell, University Hospital, Oklahoma City.

On July 9, at Oklahoma City, a son, to Mr. and Mrs. John Green. Mrs. Green was Alice Bennet of Battle Creek Sanitarium.

At Clifton Springs Sanitarium, a son, to Mr. and Mrs. Elmer Salisbury. Mrs. Salisbury was Louise Adams, class of 1916 of the Sanitarium.

In June, a daughter, to Major and Mrs. Thomas Burcham. Mrs. Burcham was Margaret Mailander, graduate of Mercy Hospital, Des Moines.

On June 4, a daughter, to Dr. and Mrs. Daniel O'Leary. Mrs. O'Leary was Lulu Allgair, class of 1915, Kings County Hospital, Brooklyn.

On June 2, a son, Joseph F., Jr., to Mr. and Mrs. J. F. Aycock. Mrs. Aycock was Edna King, class of 1914, Kings County Hospital, Brooklyn.

On May 19, at Hinton, W. V., a son, to Dr. and Mrs. George P. Evans. Mrs. Evans was Virginia Burke, class of 1910, Sheltering Arms Hospital, Hansford.

MARRIAGES

On June 26, at Greenfield, Mass., Alice Houghton Bigelow, class of 1913, Boston City Hospital, to Samuel John Medland. Mr. and Mrs. Medland will live in Greenfield, Mass.

On June 8, at Baltimore, Md., Frances Supplee, class of 1910, St. Joseph's Hospital, Lancaster, Pa., to David Trego McKinney. Mr. and Mrs. McKinney will live at Arcadia, Md.

On May 11, at Manila, P. I., Beatrice G. Terrill, class of 1911, Jefferson Medical College Hospital, Philadelphia, to Edwin L. Zinn. Captain and Mrs. Zinn are stationed at Fort McKinley, P. I.

On May 18, at Manila, P. I., J. Natalie Johnson, graduate of the East Side Hospital, Providence, R. I., and of the post graduate course at Bellevue and Allied Hospitals, to Benjamin Stafford. Lieutenant and Mrs. Stafford are stationed at Fort McKinley, P. I.

On July 6, Alice Appleby DeVoe, class of 1912, The William McKinley Memorial Hospital, Trenton, N. J., to Charles A. Hodapp. Mr. and Mrs. Hodapp will live in Brooklyn.

On May 20, Vida Matthews, class of 1905, Colorado Training School, Denver, to Morgan G. Denton. Mr. and Mrs. Denton will live in Seattle.

On June 19, Sarah Steddom, graduate of Christ Hospital, Cincinnati, to Clarence J. Cowden. Mr. and Mrs. Cowden will live in San Antonio, Texas, where Mr. Cowden is a Y. M. C. A. secretary.

On May 25, at Norman, Oklahoma, Sallie Stephens to Walter A. Deursh, M.D. Dr. Deursh is stationed at Fort Oglethorpe, Georgia.

On June 5, at Reading, Pa., Dora Elizabeth Calwell, graduate of Reading Hospital, to Hubert M. Steger. Miss Calwell was formerly superintendent of the Pulaski Hospital. Mr. and Mrs. Steger will live in Pulaski.

On June 10, at Charlottesville, Va., Annie Evelyn Jones, class of 1917, University Hospital, Charlottesville, to DeMolay Scribner, M.D. Dr. Scribner is now a first lieutenant in the medical corps.

On June 14, at Cluster Springs, Va., Evelyn Page Edmunds, class of 1906, St. Luke's Hospital, Richmond, to Robert Henry Tucker. Miss Edmunds was for a number of years assistant superintendent of St. Luke's Hospital.

On June 20, at Kenwood, N. Y., Grace Smith, class of 1910, Broad Street Hospital, Oneida, N. Y., to Frederick Ford. Rev. and Mrs. Ford will live in Gorham, N. Y.

On July 3, at Oneida, N. Y., Edna Cole, class of 1917, Broad Street Hospital, Oneida, N. Y., to Warren Fellows. Mr. and Mrs. Fellows will live in Oneida, N. Y.

On June 11, Ruth B. Heileman, class of 1911, City Hospital, Springfield, Ohio, to Fred W. Burmeister. Mr. and Mrs. Burmeister will live in Springfield, Ohio.

On June 26, Della E. Bennett, class of 1916, Blessing Hospital, Quincy, Ill., to Wallace R. MacConnell. Professor and Mrs. MacConnell will live in Oxford, Ohio.

On May 23, at Colorado Springs, Colo., L. Gertrude DeVine, class of 1916, City and County Hospital, Denver, to William Don Wells. Mr. Wells is in the service and Mrs. Wells will do war work on the western coast in the Home Defense Nursing Service.

On July 5, at the Base Hospital, Camp Devens, Mass., Inez Hughes, Reserve Nurse, A. N. C., to Captain Hillet T. Irving, M. R. C., U. S. Army.

Recently, in St. Paul, Minn., Edith R. Parent, graduate of the Hale Hospital, Haverill, Mass., and the Sloane Hospital for Women, New York, to Alvin Charles Tanner, M.D. Dr. and Mrs. Tanner will live in Minneapolis, Minn.

On June 15, Mary McCarthy, graduate of Mercy Hospital Training School, Des Moines, to James W. Griffin. Mr. and Mrs. Griffin will live near Gowrie, Iowa.

On June 22, Rose Mahoney, graduate of Mercy Hospital Training School, Des Moines, to Edward R. Posner, M.D. Dr. and Mrs. Posner will live in Des Moines.

On May 3, Lydia Millsap, graduate of Iowa Methodist Hospital Training School, class of 1917, to Neil Scoles. Mr. and Mrs. Scoles will live in Des Moines.

In May, Esther Loughman, class of 1917, Iowa Methodist Hospital, Des Moines, to Harvey Davis Hoyt. Mr. and Mrs. Hoyt will live in Des Moines.

On April 12, at Louisville, Ky., Alleta Atkinson, graduate of the Good Samaritan Hospital, Lexington, to Sergeant George Miller. Sergeant Miller is a member of the Good Samaritan Base Hospital Unit, No. 40. Mrs. Miller will continue as assistant superintendent of nurses at the hospital.

Recently, Ruby E. Richards, class of 1912, Roosevelt Hospital, Berkeley, Cal., to Irvin E. Parberry. Mr. and Mrs. Parberry will live in central Oregon.

On March 7, at Eastport, Maine, Vera W. Wentworth, class of 1916, Exeter Hospital, Exeter, N. H., to Sydney B. Green. Mrs. Green will continue her work as district nurse in Newmarket, N. H., while her husband is overseas.

Recently, Cecelia Humpert, graduate of the Woman's Hospital, Saginaw,

Mich., to A. L. Pearsall. Mrs. Pearsall is living in Oklahoma City while her husband is in France.

In May, Jessie Ruth Spires, graduate of Wesley Hospital, Oklahoma City, Okla., to Percy Riggan. Mrs. Riggan is living in Oklahoma City while her husband is in service.

In May, Lena Hosier, graduate of Wesley Hospital, Oklahoma City, to Bert Levy. Mr. and Mrs. Levy will live in Tulsa, Okla.

On June 28, at Douglass, Arizona, Dotta Appleby, graduate of Wesley Hospital, Oklahoma City, to Earl Loraine Withrow. Mr. and Mrs. Withrow will live in Douglass.

In June, Katherine Sloan, graduate of the City Hospital, Springfield, Mo., to Milton Jericho. Mr. and Mrs. Jericho will live in Kansas City.

DEATHS

On June 20, at The Swedish Hospital, Minneapolis, following an operation, Dora J. Lindquist, class of 1916, of that hospital. Up to the time of her death, Miss Lindquist was engaged in private nursing. She was a member of the Red Cross and expected to leave for camp the first of July. As a member of the alumnae association she was active and beloved.

On June 19, at St. Anthony's Hospital, Oklahoma City, Okla., Mrs. R. A. Colvert, graduate of St. Vincent's Infirmary, Birmingham, Ala.

On April 26, in Oklahoma City, Okla., Mrs. Helen Morris, formerly Bertha Helen Williams, a graduate of Tulsa Hospital, Tulsa. Mrs. Morris had been a patient sufferer from tuberculosis for two years.

On April 6, at Kings County Hospital, Brooklyn, of pneumonia, Mrs. McNeil Smith. Mrs. Smith was Alice McNeil, class of 1899.

On June 1, Mrs. E. J. A. Higgins, for forty-one years superintendent of the Boston Lying-in Hospital. Only those who were associated with Mrs. Higgins can know the far-reaching work hers has been; to the rich and poor alike came the blessings of her influence and many there are who will long cherish her memory. She leaves her lasting monument behind and rests, after her long period of faithful and devoted service.

On June 29, at Meriden, Conn., Mrs. Lola Klahn Chapman, class of 1897, Bridgeport Hospital. For the past four years Mrs. Chapman had been engaged in visiting nursing for the Metropolitan Life Insurance Company in Meriden and Wallingford. She will be greatly missed throughout the state as an alert and interested nurse, always willing and cheerful. She was a very active member of her alumnae, district and state associations and the Public Health Nursing Association. She was buried in the Red Cross uniform, in accordance with her wishes, special permission being obtained for the use of her Red Cross pin.

On June 21, Judith N. Pierce, class of 1894, Morton Hospital, Taunton, Mass. She was a valued friend and a loyal member of her alumnae association.

On July 29, at Council Bluffs, Iowa, Althema Eggleston, class of 1910, Methodist Hospital, Omaha. Miss Eggleston was killed while crossing a railroad track; she had been employed as a visiting nurse at Council Bluffs for one year and at Omaha for five years. Six of her classmates were the pall bearers. She had endeared herself to all with whom she worked.

On June 23, at the Presbyterian Hospital, Chicago, Curry Desha Breckenridge, class of 1908, of the training school of that hospital, after an illness of

eleven weeks due to an infective endocarditis. A simple service was held at the Nurses' Home when Jane Addams spoke of Miss Breckenridge's life and work. Miss Breckenridge was born in Lexington, Ky., a daughter of the late Col. W. C. P. Breckenridge. After graduation from the training school, Miss Breckenridge did pioneer work in both mental and tuberculosis nursing and was one of the nurses sent to the flood district in Ohio. She went to France in 1915, her first work being with the British Expeditionary Forces, then with the American Ambulance Service. When the United States entered the war, she was transferred to the Red Cross Hospital in Paris. She remained in France twenty-two months, returning to the United States that she might assist in organizing a Kentucky unit for service overseas. She spoke in many remote parts of the state of Kentucky when the weather was most severe. She succeeded not only in securing recruits, but also in raising quite a sum of money. Early in the year, to add to her equipment for service, she began a course in anaesthesia at Cleveland, Ohio, but her body had been too severely taxed and her illness was a losing battle from the beginning. Burial was at Lexington, Kentucky. The nurses of Lexington held a special meeting in memory of Miss Breckenridge on June 27, when it was pointed out that the first gold star was added to the service flag just as the unit in which she was so interested was ready to start. The committee appointed to draw up resolutions gave her this tribute, among others: "Curry Breckenridge gave up life in the midst of labor for the welfare of her kind, at a moment when most she longed to keep it and to struggle on. Her best years were spent in doing good, in battling against the dominion of human suffering, in behalf of the weak, and the poor, and the undefended. Generous of her service, even unto prodigality, cheerful, helpful, just, inspired with enthusiasm for all that was courageous and clean-minded, friendly, candid, modest, uncompromising with wrong, regarding wealth as dross and public preferment as unworthy unless embellished by sincerity and sacrifice, her passing brings a loss to us we cannot measure; but in that passing leaves an example that will abide."

BOOK REVIEWS

IN CHARGE OF

GRACE H. CAMERON, R.N.

AUTOINTOXICATION OR INTESTINAL TOXEMIA. By J. H. Kellogg, M.D., L.L.D., F.A.C.S., Medical Director of the Battle Creek Sanitarium. The Modern Medicine Publishing Company. Price, \$2.50.

That intestinal stasis is the fundamental and widespread cause of a large share of the chronic maladies that afflict the people of civilized lands, is generally accepted by eminent medical authorities. The purpose of this book, as stated in the preface, is to present in some detail, methods of dealing with cases requiring change of the intestinal flora, methods successfully employed by the writer and his colleagues in the treatment of some thousands of patients. The author claims that "diet is the dominant factor" in this treatment, but "it is expected that other rational measures will be simultaneously employed." He presents what he regards as the true rationale of the milk cure and various other food cures. He states that "This work has been prepared with special reference to the needs of trained nurses and busy practitioners who have not time to keep up with voluminous literature of modern bacteriology and physiologic chemistry, but who are prepared to appreciate the value of well tested methods which produce the results expected of them."

THE PRINCIPLES OF MENTAL HYGIENE. By William A. White, M.D., with an introduction by Smith Ely Jelliffe, M.D., Ph.D. The Macmillan Company, New York. Price, \$2.

Mental hygiene is a comparatively new science with many subdivisions. This book briefly considers the principles involved in the concepts of the greater defective, delinquent, and dependent groups, the significance of the insane, the criminal and the feeble-minded classes, and of the principles of society's relation to them. The introduction by Dr. Smith Ely Jelliffe, traces the growth of this movement and briefly indicates "how much more pervasive are the phenomena of mind in our daily living than we are wont to suppose." The author, after a short introduction, explains "the underlying concepts" and makes a brief survey of the more important "mental mechanisms" which are pertinent to the various problems that present themselves for the application of the principles of mental hygiene. The problems discussed are: the Insane, the Feeble-minded, the Pauper, the Unemployed, etc. There is also a chapter for the consideration of such social conditions as are developed by patent medicine cures, impair-

ment of efficiency, divorce, the woman movement, wealth, idleness, etc. There has been no attempt to solve the problems but rather to discuss the problems as "present-day examples of bad mental hygiene." An interesting book for social workers.

THE TREATMENT OF WAR WOUNDS. Second Edition. By W. W. Keen, M.D., L.L.D., Major Medical Reserve Corps, U. S. A. W. B. Saunders Company, Philadelphia. Price, \$1.75.

The Treatment of War Wounds by Major Keen was first published in August, 1917. The material was obtained from personal communication with war surgeons in the hospitals and on the field in France. The evidence of the value of this book is shown by the necessity of a second edition within a few months. The text is practical, up-to-date, and extensively illustrated.

A WAR NURSE'S DIARY. Sketches from a Belgian Field Hospital. The Macmillan Company, New York. Price, \$1.25.

Published recently, this diary gives sketches of the author's experiences in Belgium from the beginning of the war, August, 1914, to October, 1915. The thirteen months of life "Back of the Front" are most vividly and sympathetically told. The author was one of a group of nursing sisters mobilized by an English lady and under the patronage of Elizabeth, Queen of the Belgians. The first stop was in Antwerp, where a hospital was fitted up. "Every patient we received was seriously if not dangerously wounded. We were scarcely able to keep abreast of the work nor to direct the zealous, but often dangerous, energies of the lady helpers." They remained here through the siege and then removed the patients and equipment, being forced to journey by motor busses to Ghent where the patients were received in the hospitals there. Most graphically, and with an all saving sense of humor, the author tells of the many journeys through the cities of Belgium, flying before the advancing Germans; the great difficulties in giving care to the wounded in the temporary quarters and without adequate supplies; and the splendid consideration and regard for the nurses. There are bombardments and aerial raids most vividly described. The frequent meeting with well known people amidst most unusual surroundings and the details of daily life and duties are told in an intensely interesting way. The author, who is anonymous, has been "over the top" in very truth. The book is illustrated with views of the nurses and of their daily life.

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